

The Paradoxes of Socio-Emotional Programmes in School

Young people's perspectives and public
health discourses

Sofia Kvist Lindholm



Linköping Studies in Arts and Science No. 664
Department of Thematic Studies – Child Studies
Linköping 2015

Linköping Studies in Arts and Science • No. 664

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Distributed by:

Department of Thematic Studies – Child Studies
Linköping University
SE-581 83 Linköping
Sweden

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Edition 1:1

ISBN 978-91-7685-898-1

ISSN 0282-9800

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Department of Thematic Studies – Child Studies

Printed in Sweden by LiU-Tryck, Linköping, Sweden, 2015

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Chapter 1

Introduction

Over the past decades socio-emotional programmes have been implemented in schools worldwide. The programmes are underpinned by discourses focusing on a crisis in young people's mental health and a will to foster healthy citizens (Coppock, 2011; Watson et al., 2012).¹ *Depression in Swedish Adolescents* (DISA) and *Social and Emotional Training* (SET) constitute two socio-emotional programmes being practised in Swedish schools. Both interventions are based on programme manuals that are distributed in schools worldwide.² The initiative to implement socio-emotional programmes in schools is driven by a *prevention* discourse suggesting that such programmes provide effective means to prevent mental ill-health³ in young people and to promote the future well-being of the population by 'intervening before minor problems develop into major ones' (Wright, 2015, p. 212).⁴ Little is known, however, about what these interventions entail 'here and now' for the students experiencing them in school (Coppock, 2011; Irisdotter Aldenmyr, 2014b; Watson et al., 2012). The present study intends to address this issue by trying to understand students' perspectives on socio-emotional programmes (DISA and SET) as well as the programmes' intentions and strategies.

Previous studies on socio-emotional programmes are dominated by public health research seeking to establish 'evidence-based' programmes. The evidence-focused research departs from the notion that young people's mental health is deteriorating and that healthy mental development is promoted by socio-emotional programmes. The questions of inquiry focus on efficacy and the best way of implementing such programmes in school (e.g., Merry et al., 2012;

¹ In the dissertation I use the concept *young people* as an umbrella term for children and youth 0-18 years of age. I use the term *students* when specifically referring to young people in school.

² The DISA manual is a Swedish version of the programme Coping with Stress (CWS), which in turn is an adaption of the programme Coping with Depression (CWD). The SET programme is a Swedish version of Social and Emotional Learning (SEL) and the manual is an adaption of the programme Promoting Alternative Thinking Strategies (PATHS). For a further description of the programmes, see pp 8-13.

³ In Swedish: psykisk ohälsa

⁴ See Ahnquist and Bremberg, 2010, pp. 138-141; Bremberg, 2010, pp. 58-62; Socialdepartementet (2007); Folkhälsomyndigheten, 2014, p. 8; Folkhälsoinstitutet (2006).

Durlak et al., 2011). This field of research uses self-report questionnaires as a means of starting with young people's subjective perspectives. Nevertheless, as Bergnéhr and Zetterqvist Nelson (2015) noted, 'Children's self-reports become the device through which the effect of the intervention is measured, rather than a technique through which their opinions and perceptions /.../ are gathered' (p. 188). The ambition of the present study – to try to understand young people's own perspectives on socio-emotional programmes (e.g. how they make sense of these programmes and what the programmes entail in their daily lives) – may contribute important knowledge to this field of research.

In recent years, sociological and educational studies have emerged that represent a more critical approach to socio-emotional programmes. These studies scrutinize both the content and form of socio-emotional programmes and examine their political and ideological function in contemporary schools (e.g., Bartholdsson, Gustafsson-Lundberg and Hultin, 2014a; Bergh and Englund 2014; Coppock, 2011; Dahlstedt, Fejes and Schönning, 2011; Irisdotter Aldenmyr, 2014a; Wright, 2015). This field of research is dominated by policy studies and document analysis of programme manuals.

The present dissertation intends to add to the knowledge on socio-emotional programmes by starting from a theoretical perspective developed within the interdisciplinary field of child studies (Bergnéhr and Zetterqvist Nelson, 2015; Corsaro, 2005; Halldén, 2007; James and Prout, 1990; James, 2010; James, 2004, 2007; Sandin and Halldén, 2003). The thesis draws on the theoretical understanding that young people are *social actors* who actively shape and organize the world around them (Corsaro, 2005; Valentine, 2011). The young people taking part in a socio-emotional programme are understood as negotiating the programme's meaning and form, participating on their own terms and hereby shaping what these interventions entail. Positioning young people as social actors also involves acknowledging that their agency is constrained by *structures*: the social, historical and ideological processes that make up their social reality (Prout, 2011; James, 2010). In the present study, these theoretical positions imply a combined focus on the larger-scale patterns of which socio-emotional programmes are a part, the discourses, theories and assumptions drawn upon in the programmes and the circumstances brought about by these interventions – as well as on how these structures both constrain and become resources when students negotiate the programmes in the specific social and cultural context of their school. For a more thorough description of the theoretical framework of the dissertation, see Chapter 3.

Previous sociological and educational studies exploring what socio-emotional programmes entail in students and teachers daily lives at school have foremost drawn on a governmentality perspective (Foucault, 1982; Rose, O'Malley and Valverde, 2009) and theories concerning the 'therapeutic culture' (Ecclestone and Hayes, 2009; Furedi, 2004). One central finding is that socio-emotional programmes are not neutral – on the contrary, they bring specific norms and regulations into the school (Bartholdsson, Gustafsson-Lundberg, and Hultin, 2014a; Dahlstedt, Fejes and Schönning, 2011; Ecclestone and Hayes,

2009; Gagen, 2013; Gillies, 2011). The present dissertation's positioning of students as social actors implies acknowledging that students can *reproduce, transform* and give *new meanings* to the discourses and practices incorporated into such programmes (cf. Corsaro, 2005). Exploring students' perspectives on socio-emotional programmes may thus shed new light on what these programmes entail in school. When combining the focus on the larger-scale patterns of which socio-emotional programmes are a part with how these structures constrain and become resources for students in their daily lives at school, I begin with a micro-perspective, focusing on young people's perspectives on these interventions.

Aim and research questions

The aim of the present dissertation is to explore students' perspectives on DISA and SET as well as the programmes' intentions and strategies. Given this aim, I am interested in seeking knowledge on the discourses, theories and assumptions drawn upon in socio-emotional programmes, what circumstances they bring about, and how these structures constrain and become resources when students negotiate such programmes in the specific social and cultural context of their school. Based on this broader aim, the following research questions have been formulated:

1. How do students make sense of DISA and SET and what do the programmes entail in their daily lives?
2. What discourses, assumptions and routines do DISA and SET bring into the school context?
3. What implications does the study have for policy practice concerning how to promote students' well-being in school?

Outline

In the following chapters, I will provide a background to the study and to the results presented in the articles. The next chapter focuses on the introduction of socio-emotional programmes in Swedish schools. Here, the DISA and SET programmes are introduced and previous research is reviewed. The third chapter discusses the theoretical underpinnings of the study, which is situated in the interdisciplinary field of child studies. The fourth chapter presents and reflects upon the study's methodology. Thereafter I summarize the results presented in the four articles included in the thesis and develop a concluding discussion of the findings in the final chapter. In this concluding discussion, I elaborate on what this knowledge can tell us about practising socio-emotional programmes such as DISA and SET at school. I develop a critical discussion on the discourses, assumptions and routines they bring into the school context, the constructions of well-being they offer and the positions they make available for young people. I conclude by making recommendations for policy practice.

Chapter 2

Socio-emotional programmes and the school

The desire to foster democratic and healthy citizens is not a recent phenomenon brought about by socio-emotional programmes. Instead, it has a long tradition in the schools that can be traced back to the introduction of compulsory schooling and the comprehensive school [In Swedish: *enhetskolan*] (Gagen, 2013; Sandin, 2010).⁵ The Swedish comprehensive school was based on the argument that fostering democratic citizens is the ‘leading mission of the school’ (Hultin, 2015, p. 69; see also Sandin, 2010). This mission was formed by the discourses and ideological traditions that were predominating during the twentieth ‘century of the child’. The century of the child was characterized by positioning the child as a symbol for community development and for the construction of welfare states. Informed by developmental psychology, the project of the welfare state became one of ensuring that children would thrive and develop properly (Sandin and Halldén, 2003; Sandin, 2010).

Over the years, the fostering mission of the school has remained, but the aims and means of the mission have shifted. While disciplining the young has been a recurrent issue, the health problems dealt with have changed from infections and malnutrition to lifestyle diseases and mental (ill) health (Olsson, 1997; Qvarsebo, 2006; cf. Patel et al., 2007). In addition, the methods applied to foster democratic and healthy citizens have changed, from more harsh, often bodily discipline during the early twentieth century to ‘new methods and techniques for moulding the character of the young through the school system’ in the post-war period (Qvarsebo, 2006, p. 186; cf. the ‘self-esteem movement’ Cruikshank, 1999). The character-forming school practices from the latter part of the twentieth century draw on psychological discourses and are characterized by a clear focus on enhancing students’ ability to socially interact, develop self-esteem and acquire the skills needed to develop into ideal citizens of the state (*ibid.*; Irisdotter Aldenmyr, 2014b; Watson et al., 2012).

⁵ Compulsory schooling was introduced in Sweden in 1842, and in 1962 the Swedish parliament decided to introduce a nine-year compulsory comprehensive school.

What distinguishes the present socio-emotional programmes from previous health and civic education in school is that these programmes are underpinned by a public health initiative to prevent mental ill health in the population (see Folkhälsoinstitutet, 2006; SBU, 2010; WHO, 2015).⁶ Over the past decades, mental ill health has been defined as one of the largest public health problems in the West, and structured preventive interventions in school have been called for (Eriksson and Ljungdahl, 2010; Folkhälsoinstitutet, 2006; Patel et al., 2007; Stefansson, 2006).

Another characteristic of socio-emotional programmes is the fact that they build on *manual-based instruction*. The interventions are structured by programme manuals based on psychological theories and theories of prevention. The programmes involve teaching participants various social and emotional skills to reduce risky behaviours, promote their social and emotional well-being and improve mental health at the population level.⁷ Before being certified to deliver a programme, teachers and school health staff usually take part in a short instructor-training course. The programmes are then delivered in group settings using a universal approach – e.g. targeted at children in general or girls in general – and are commonly practised as an ordinary class at school (For further reading on socio-emotional programmes, see Hultin and Bartholdsson, 2015; Coppock, 2011; Watson et al., 2012; Wright, 2015).

The socio-emotional programmes in focus in the present thesis, *Depression in Swedish Adolescents* (DISA) and *Social and Emotional Training* (SET), have come to be widely distributed in the Swedish schools (Jablonska and Heinemans, 2011; SBU, 2010). The main argument for implementing these public health interventions at school draws on discourses suggesting a drastic decline in young people’s mental health. In the following sections, I therefore focus on the issue of young people’s mental health. I present the DISA and SET programmes and their theoretical bases, and then review the evidence-focused public health research that underpins these interventions and their distribution in school. Next I turn to a review of several sociological and educational studies that present a critical perspective on socio-emotional programmes and their introduction in school. The sections are in line with the ambition of the dissertation, which is to broaden the picture of socio-emotional programmes.

⁶ Public health is a multidisciplinary science and a policy-driven practice, which are interlinked by a joint mission to maintain and improve the health of the population (McMichael, and Beaglehole, 2009).

⁷ In the literature, various terms have been used to refer to these interventions: ‘socio-emotional programmes’ (e.g., Bartholdsson, Gustafsson-Lundberg, and Hultin, 2014b), ‘social and emotional well-being’ SEWB in education (Watson, Emery, and Bayliss, 2012), ‘psychotherapeutic education programmes’ (e.g., Coppock, 2011), ‘cognitive behavioural programmes’ (e.g., Dahlstedt, Fejes and Schönning, 2011), ‘preventive programmes’ (Wright, 2015) and ‘prevention and promotion programmes’ (e.g., Bergh and Englund, 2014). To avoid confusion, I have chosen to use one of these terms: socio-emotional programmes.

A crisis in young people's mental health?

Underlying the broad implementation of socio-emotional programmes in school is the notion that young people's mental ill health constitutes a major *public health* issue (see Eriksson and Ljungdahl, 2010; Folkhälsoinstitutet, 2006; Mer-ry et al., 2012; cf. Coppock, 2011; Wright, 2015). Over the past decades, a large number of reports from governmental authorities, organizations and the media have suggested a drastic decline in young people's mental health, especially in girls' mental health, and a general understanding has emerged that young people's mental health is deteriorating (Bremberg and Dalman, 2015; Petersen et al., 2010). As a consequence, young people's mental (ill) health has been highly prioritized on the political agenda in Sweden (see Socialdepartementet, 2002), and elsewhere (Coppock, 2011; Watson et al., 2012; Wright, 2015). Against this backdrop, the World Health Organization (WHO) and the public health agencies in Sweden, as well as in many other countries, have become strong advocates for implementing universal preventive programmes in schools (WHO, 2015; Folkhälsoinstitutet, 2006; Folkhälsomyndigheten, 2015; Wright, 2015). Based on the notion that the school is a setting for levelling out social inequalities and on arguments that 'Policies and programmes must embrace all sectors of society, not just the health sector', the school is now considered the *natural setting* for preventive interventions targeting young people (Marmot et al., 2008, p. 1661; Coppock, 2011; Folkhälsoinstitutet, 2006; WHO, 2015; Wright, 2015).⁸ As Wright notes, these 'universal approaches and preventive programs' hold the promise of 'psychological immunization', and the school is seen as the 'ideal entry point' to prevent mental ill health on a population level by 'intervening before minor problems develop into major ones' (Wright, 2015, p.197, 212).

The studies conducted to generate knowledge about young people's mental health commonly use the survey method to measure self-rated health (Bremberg and Dalman, 2015).⁹ The surveys can broadly be described as measuring both *positive* aspects of mental health and *mental health problems*, where survey questions principally focus on the latter (Petersen et al., 2010). These two different approaches to conceptualizing young people's mental health correspond to a conflict found within the field of public health, that between a humanistic approach to health and a biomedical/psychiatric approach (Medin and Alexandersson, 2000; Tones and Green, 2006). While the humanistic approach focuses on well-being and what causes people to stay healthy, the biomedical approach looks at pathology (Medin and Alexandersson, 2000), which in the field of mental health involves screening for internalizing and externalizing psychiatric symptoms (Bremberg and Dalman, 2015; Liegghio, Nelson and Evans, 2010; Watson et al., 2012).

⁸ For a Swedish historical discussion on this argument see Olsson (1997).

⁹ See, e.g., the international WHO survey 'Health Behaviour in School-aged Children' (HBSC) conducted in 44 different countries every four years, and Kidscreen-52 applied in the Swedish national survey 'Nationell kartläggning av barns och ungas psykiska hälsa' called Grodan.

In 2008, the Health Committee of the Royal Swedish Academy of Sciences (KVA) initiated a comprehensive literature review (see Petersen et al., 2010) on young people's mental health in Sweden 1945-2009. Based on 161 articles reporting data from a total of 14 studies, the review demonstrated that approximately 90% of the school-aged children rated their well-being as good, or very good. Several studies showed an essentially stable situation over time.¹⁰ Other studies indicated a slight decline in school-aged children's well-being in the 1990s,¹¹ while some studies indicated the opposite.¹² In addition, the surveys screened for different internalizing and externalizing problems and found that girls tended to report more symptoms than boys did as well as that older children reported more problems than younger children did. Several studies pointed to an increase in feeling low, irritable and having a bad temper among older teenagers, especially among girls.¹³ Furthermore, several studies indicated an increase in psychosomatic problems.¹⁴ However, the study considered to be highest in overall quality (see the study 'Adjustment and norms') found no increase in psychosomatic problems in girls between 1970 and the mid-1990s, thus contradicting the claims of a general and constant decline in girls' psychosomatic health (Petersen et al., 2010). The conclusion drawn in the review is that it is not possible to draw any conclusion about trends in young people's mental health from 1945 to 2009, but that the results do indicate an increase in internalizing problems in older teenage girls since the 1980s (ibid.).

Since this review was published, additional surveys have been conducted (e.g., the WHO survey 'Health Behaviour in School-aged Children') showing that the majority of Swedish school-aged children continue to report good or very good mental health (approximately 90%). At the same time, the survey indicates a small increase among 13- and 15-year old girls in reporting sleeping problems, feeling low and anxiety (Folkhälsomyndigheten, 2014).

To determine trends in young people's mental health, self-report questionnaires are sometimes complemented with reviews of health care registers. Taken together, these sources of information show that girls tend to report more symptoms of mental ill health and to seek psychological help to a greater extent than boys do, whereas suicide is more common among boys (Bremberg and Dalman, 2015).

In sum, the literature reviewed above indicates some gender-based differences. Furthermore, it provides different notions of young people's mental (ill) health depending on whether the focus is on their ratings of mental well-being or on screening for internalizing and externalizing problems. Broad implementa-

¹⁰ E.g., the WHO survey 'Health Behaviour in School-aged Children/Skolbarns hälsovanor'; 'The youth survey/Ungdomsenkäten'; 'Attitudes to the school/Attityder till skolan'; 'Life and health, young/Liv och hälsa, ung'

¹¹ E.g., 'Q-90'

¹² E.g., 'Children's health in the northern countries/Barns hälsa i Norden'

¹³ E.g., the WHO survey 'Health Behaviour in School-aged Children/Skolbarns hälsovanor'; 'Young in Värmland/Ung i Värmland'

¹⁴ E.g., the WHO survey 'Health Behaviour in School-aged Children/Skolbarns hälsovanor'; 'Children's health in the northern countries/Barns hälsa i Norden'; 'Young in Värmland/Ung i Värmland'; 'Life and health, young/Liv och hälsa, ung'

tion of preventive socio-emotional programmes in school is driven by the screening approach. It focuses on identifying problems in the population ‘as part of an accepted policy strategy of early intervention’ (Watson et al., 2012, p. 77; cf. Socialdepartementet, 2002). One conclusion based on the review of young people’s mental health in Sweden is that there has been an increase in internalizing problems in young people – especially among teenage girls. However, there is a lack of knowledge about what these problems mean to the young people who report having them and about their causes (KVA, 2010).

The DISA intervention

The DISA intervention was initiated by the Centre for Public Health, Stockholm County Council, to address concerns about teenage girls’ mental ill-health. The intervention is based on the understanding that this group is ‘at risk’ for developing depression and in need of a preventive intervention (Treutiger, 2006; Treutiger and Lindberg, 2012). The programme is intended to strengthen their immunity to depression and feeling low, and to prevent them from developing depressive symptoms and depression (DISA manual, Clarke et al., 1995/2010; (rev. ed.), p. 3).

The DISA intervention is structured by a programme manual that originates from the US programme ‘Coping with Depression’ (CWD), which was designed as depression treatment based on principles of cognitive behavioural therapy (Lewinsohn and Clarke, 1984). The manual has been adapted several times (‘Coping with depression’ (CWD), ‘Adolescents Coping with Depression’ (A-CWD), ‘Adolescents Coping with Stress’ (CWS)), and then translated into Swedish to constitute the DISA intervention (DISA manual, Clarke et al., 1995/2010 (rev. ed.)).

The manual starts from the notion that young people are exposed to stressful events and may have risk factors for depression, such as having negative thoughts, being female and having depressed parents. Furthermore, high self-esteem, coping capacity and high frequency of pleasant activities are seen as protective factors. One theoretical point of departure is that if young people acquire coping skills, they will become partly *immune* to depression and feeling low, even if they are exposed to several risk factors (DISA manual, Clarke et al., 1995/2010 (rev. ed.)). Furthermore, inspired by a cognitive model of depression (Beck et al., 1979), individuals’ ‘depressogenic, negative, irrational thoughts’ about themselves, the world and the future are seen as significant causes of depression, and specific focus is put on helping participants change these thoughts (DISA manual, Clarke et al., 1995/2010 (rev. ed.), p.3; see also Merry et al., 2012). Altogether a DISA course consists of 85 exercises in which the girls are taught to monitor their negative thoughts, evaluate their mood and recognize how their thoughts and actions contribute to their mood; moreover, they learn to change their negative thoughts into positive thoughts. These skills are assumed to promote resilience in the face of stress and prevent girls from developing de-

pressive symptoms and depression (ibid., see also CWS manual, Clarke and Lewinsohn, 1995, i-ii).

Since DISA was introduced, the name has been changed. Originally an acronym for ‘Depression In Swedish Adolescents’ (Treutiger, 2006), it is now commonly spelt out as Din Inre Styrka Aktiveras (Activate your inner strength) and marketed as a course that will do what the name implies (Thomas, 2015).

The DISA intervention originated from the evidence-focused research on depression prevention programmes for young people. More specifically, the DISA intervention was designed on the basis of results from a systematic review of educational and psychological programmes for depression prevention by Merry et al. (2004) (Treutiger, 2006). The review (Merry et al., 2004) starts from the notion that depression constitutes a major public health issue in the population; the question in focus is which programme design has the best potential to reduce depressive symptoms in young people and, as such, to prevent the onset of depression in the population. In this review from 2004, psychological programmes are described as being more effective than educational programmes.¹⁵ Furthermore, the CWS programme – hence the programme translated into Swedish to constitute the DISA manual – is pinpointed as the most effective programme in reducing ‘elevated’ depressive symptoms. However, while the CWS programme was practised as a targeted intervention – targeting young people who suffer from ‘elevated’ symptoms of depression – the review recommends a *universal* approach due to the potential of this universal preventive approach to have a larger impact on the population level (Merry et al., 2004, cf. Rose, 1992). In this vein, the DISA programme was designed as a universal preventive intervention for girls in general (Treutiger, 2006). The updated version of the review (Merry et al., 2012) found fifty-three randomized controlled trials of either universal or targeted interventions for young people in the age range five to nineteen years. The review no longer recommends a specific programme, but psychological programmes in general, most of which start from a cognitive model of depression (see Beck et al., 1979). Merry et al. (2012) found that these programmes did lower participants’ levels of depressive symptoms immediately post-intervention, but no evidence was found for continued efficacy after 24 months. Furthermore, no evidence was found to indicate that intervention was more effective than placebo control groups. The conclusion, however, is that ‘targeted and universal depression prevention programmes may prevent the onset of depressive disorders compared with no intervention’ and universal approaches are recommended (Merry et al., 2012, p. 1414.).

Before the large-scale implementation of DISA in the Swedish schools, one outcome study was conducted by the programme designer (see Treutiger, 2006; Treutiger and Lindberg, 2012). In this study, DISA was practised as a universal intervention for girls (age 13-14) who were not suffering from depression according to clinical measures or suffering from elevated ‘subclinical’ depression symptoms (Treutiger and Lindberg, 2012) measured using the Centre

¹⁵ Programmes were classified as *educational* if they merely provided information on depression, and as *psychological* if they involved teaching participants skills to reduce depression.

for Epidemiological Studies-Depression Scale (CES-D) (see Radloff, 1977).¹⁶ The study was designed as a controlled outcome study with pre-test, post-test and a follow-up period of 3 and 12 months. The study found no reductions in depressive symptoms post-intervention, but showed a reduced risk in the intervention group for developing elevated ‘subclinical’ depressive symptoms – understood as an indicator of future episodes of clinical depression. The conclusion drawn was that the promised effects of preventing girls from developing depressive symptoms and depression had been achieved (Treutiger, 2006; Treutiger and Lindberg, 2012).

In 2010, the Swedish Council on Health Technology Assessment (SBU) conducted a systematic review of programmes being practised in Sweden that were intended to prevent mental ill health in young people. They questioned the evidence supporting DISA. They pointed out that there was some evidence that the forerunner of DISA, CWS, had prevented young people from developing depression when it targeted boys and girls who showed ‘elevated’ depressive symptoms. They deemed the evidence regarding DISA insufficient (SBU, 2010). Since this review was published, another outcome study of DISA has been conducted (see Garmy et al., 2014). The study was designed as an outcome study with a pre-test, post-test, and a 1-year follow-up, but without a control group. In this study, DISA was practised as a universal preventive intervention for both boys and girls (age 14) who did not suffer from depression or ‘elevated’ symptoms of depression, according to the CES-D scale. The intervention was deemed as effective due to the reduced levels of symptoms on the CES-D scale seen among girls at the 1-year follow-up (Garmy et al., 2014). Thus, outcome studies on DISA and its forerunners suggest that the programme could reduce ‘elevated’ depressive symptoms in young people or reduce their ‘risk’ of developing elevated subclinical depressive symptoms, thereby reducing their risk of developing depression. Based on these results, the DISA programme is marketed as ‘evidence-based’ (see Thomas, 2015).

¹⁶ The Centre for Epidemiological Studies-Depression Scale (CES-D) (Radloff, 1977) is a self-report questionnaire measuring what is referred to as ‘depressive symptoms’ during the past week. More specifically, the scale consists of 20 questions asking participants whether they, during the past week, have experienced not being so talkative, having problems eating, sleeping, concentrating, feeling low, etc. Each question is scored for frequency, ranging from ‘never’ to ‘most of the time’, and converted into 0-3 points, thus a maximum of 60 points could be achieved. The level chosen for indicating what is referred to as ‘elevated’ symptoms of depression has been negotiated. In the CWS study, for instance, a score >24 on the CES-D scale was applied to indicate elevated symptoms of depression (see Clarke et al., 2001). However, a cut-off of 16 on the CES-D scale is currently applied to indicate elevated symptoms of depression versus ‘symptom free’ (Treutiger, 2006, p. 12; cf. Treutiger and Lindberg, 2012). Nevertheless, levels as low as 7 on the CES-D scale were used to indicate depressive symptoms in the latest evidence-focused study on DISA (see Garmy et al., 2014).

The SET intervention

Social and Emotional Training (SET) consists of 399 exercises specified in detailed manuals that are used to structure SET lessons attended by students once or twice a week from preschool to upper secondary school (Kimber, 2011). The programme designer, Birgitta Kimber, explains how development of the programme was commissioned by the Swedish Ministry of Health and Social Affairs [In Swedish: Socialstyrelsen] (Kimber, 2009). SET is a Swedish version of the Social and Emotional Learning (SEL) programmes practised in the US (cf. Social and Emotional Aspects of Learning (SEAL), in UK).¹⁷ In line with its international counterparts, SET is based on cognitive and behavioural methods intended to enhance students' social and emotional competences (Kimber, 2011).

The SET manual was based on the US forerunner Promoting Alternative Thinking Strategies (PATHS) (see Greenberg, 1996) (Kimber, 2011). The programme manual is inspired by research and theory concerning emotional intelligence (Gardner 1993/2006; Goleman, 1995; Salovey, Mayer, and Caruso 2002). Emotional intelligence has been described as the capacity to recognize one's own feelings and the feelings of others, to express and manage such feelings, as well as to use these emotions for more effective problem-solving (Salovey, Mayer, and Caruso 2002, 161). In this vein, the purpose of SET is to help students develop five core skills: 1) Self-awareness, 2) Managing strong emotions 3) Empathy, 4) Motivation and 5) Social competence (Kimber 2011, pp. 6-7).

In addition, the programme manual is inspired by theories of prevention, in that the skills taught in SET are understood to 'prevent and reduce serious problems later in life' (Kimber, 2011, p. 4; cf. Spivack and Shure, 1994). The skills taught in SET are conceptualized as 'protective factors' that could help young people 'resist the ill-health that often results from stressors or risks' such as peer problems, high crime rates and unemployment (Kimber, 2011, p. 4; Kimber, 2009). The assumption is that if these skills are improved in individuals, their mental health will be promoted and problems such as violence, bullying, substance and alcohol abuse, etc., will be counteracted and prevented (ibid.; Kimber, 2001, 2009; Zins and Elias, 2006).

The SET/SEAL/SEL programmes are underpinned by evidence-focused research conducted to determine programme effectiveness. A quantitative methodology is applied to measure impacts on the above-mentioned skills and on outcome indicators related to mental health (e.g., Durlak, 2011; Kimber, Sandell and Bremberg, 2008a, 2008b; Kimber and Sandell, 2009). Studies have pointed out that when these programmes are well designed, they result in a wide range of positive outcomes such as improved social and emotional skills, attitudes, behaviour, academic performance, and mental health among students, as well as a prevention effect on alcohol and drug abuse, conduct problems, and bullying

¹⁷ For an overview of the SEL and SEAL programmes, see Durlak et al. (2011), Banerjee, Weare and Farr (2014), Gagen (2013), Gillies (2011) and Weare (2010).

(Durlak et al., 2011; Wilson, Gottfredson and Najaka, 2001; Kimber, 2011).¹⁸ In a recent review of SEL programmes (Durlak et al., 2011), the authors found 213 controlled outcome studies and argued that there is growing evidence regarding the positive impact of these programmes. But the positive view is not clear-cut. Some studies describe conflicting results. Furthermore, studies often lack follow-up investigations, which are needed to establish the durability of programme effects (Durlak, 2011; SBU, 2010).

In Sweden, a 5-year longitudinal controlled outcome study has been conducted on SET, undertaken by its programme designer Birgitta Kimber (see Kimber, 2011; Kimber, Sandell and Bremberg, 2008a, 2008b; Kimber and Sandell, 2009). The results indicated a positive influence on several of the indicators of mental health outcome such as self-image, well-being, attention-seeking, alcohol use, etc. While no significant effect was found for several of the indicators of ‘internalizing’ problems, the conclusion was that SET showed stronger effects on ‘externalizing’ problems. Kimber argued that the ‘typical result pattern was not so much that the SET students improved, but that the No-SET students deteriorated with regard to the aspects of mental health considered’ (Kimber, 2011, p. 23).

The effectiveness of SET was questioned in the systematic review published by the Swedish Council on Health Technology Assessment (SBU, 2010). They pointed out that SET is inspired by the programme Promoting Alternative Thinking Strategies (PATHS), arguing that they found no studies showing that either SET or PATHS is an effective intervention. They described how SET had been evaluated in one controlled outcome study conducted by its programme developer, but that this study had been excluded because it lacked an intervention follow-up and because of the high intervention drop-out, ranging from 50% in grade 4-9 to nearly 75% in grade 1-3 (SBU, 2010).

Given that SET is practised in schools as a means to counteract school bullying, one specific focus has been on determining the programme’s effectiveness in relation to bullying (Flygare et al., 2011). The studies show contrasting results. The controlled outcome study conducted by the programme designer initially indicated a positive effect on counteracting bullying (Kimber, Sandell and Bremberg, 2008a), but later found no significant impact on bullying (Kimber, Sandell and Bremberg, 2008b).¹⁹ In addition, an outcome study conducted by the National Agency for Education (Flygare et al., 2011), which combined quantitative and qualitative methods to determine programme effectiveness in relation to bullying, found that the scheduled lessons applied in SET, which were practised universally for all students, on the contrary increased bullying aimed at girls and younger boys. Furthermore, the study showed that while teachers expressed that the SET manual provided security for them when work-

¹⁸ Well-designed programmes are argued to be sequenced, to involve ‘active forms of learning to help youth learn new skills’, to be focused on personal and social skills and to target SEL skills explicitly (Durlak et al., 2011, p. 410).

¹⁹ The study applied repeated measures analysis to cross-sectional data from SET schools and no-SET school.

ing with norms and values, students perceived a lack of concordance between these lessons and their own daily life experiences (Flygare et al., 2011).

In sum, over the past decades, socio-emotional programmes like DISA and SET have been implemented in schools in Sweden, as well as in many other countries. These public health initiatives are driven by a discourse suggesting that young people's mental health is deteriorating and that there is, consequentially, a need for preventive interventions. The main line of research on these programmes – the evidence-focused research – adopts these starting points. The studies assess the usefulness of the programmes by evaluating whether the students have learnt the skills practised, shown reduced symptoms or not deteriorated with regard to the aspects of mental health measured. The studies indicate positive effects on several of the indicators measured. But the evidence is not clear-cut, with the studies sometimes showing contrasting results.

One critique of the evidence-focused studies on socio-emotional programmes is that these evaluations have been conducted from an insider perspective by researchers who are rarely independent, but more common actively engaged in advocating the programmes (Bergh and Englund, 2014; Hoffman, 2009; SBU, 2010). Furthermore, these studies limit the areas of inquiry to efficiency and the best way of implementing these programmes (Bergh and Englund, 2014). However, in recent years, educational and sociological studies have emerged that represent a more critical approach to socio-emotional programmes (e.g., Bergh and Englund, 2014; Coppock, 2011; Irisdotter Aldenmyr, 2014a; Grønlien Zetterqvist and Irisdotter Aldenmyr, 2013; von Brömssen, 2013; Wright, 2015). In these studies, socio-emotional programmes are examined quite differently. Instead of starting from concerns about a crisis in young people's mental health and focusing on determining the programmes' preventive effectiveness, these studies focus on why the programmes have gained legitimacy in the educational sector and scrutinize the programmes' content, form, as well as their political and ideological function in contemporary schools. In the following section, I will present the main studies in this field of research and thereafter outline a few studies specifically designed to generate knowledge on what socio-emotional programmes such as DISA and SET entail in daily life at school from the perspective of students and teachers.

Critical perspectives on socio-emotional programmes

In the sociological and educational research on socio-emotional programmes, four main issues are discussed: 1) a changed perception on the school; 2) a shift towards manual-based instruction; 3) values, ideology and politics; 4) a therapeutic turn in education. In the sections below, I turn to each of these issues and review studies exploring these matters.

A changed perception on the school and its mission

The wide distribution of socio-emotional programmes in the schools started during the first decade of the new millennium (Bartholdsson and Hultin, 2015; Englund and Englund, 2012). While a growing concern about young people's mental ill health underpins arguments for implementing socio-emotional programmes at school, it does not fully explain the schools' motives for investing in these programmes. An area of inquiry for policy studies has been to explore what circumstances facilitated the wide distribution of these programmes at this particular time and why they gained legitimacy in the education sector. Several scholars have shown that the perception of schools and their mission has changed over the years, which they argue has facilitated the wide implementation of ready-made socio-emotional programmes at school (see, e.g., Irisdotter Aldenmyr, 2014b; Bartholdsson and Hultin, 2015; Bergh and Englund, 2014).

The ambition to foster young people has been a constant mission throughout the history of schooling. Nevertheless, over the years it has served different purposes and thus involved different methods. Two different circumstances have been pinpointed as having helped change the perception of the schools and, as such, as having opened up the education sector to socio-emotional programmes.

Firstly, in 1994 the *fundamental values mission* [In Swedish: värdegrundsuppdraget] was introduced into the school curriculum and was put into the force in the new millennium by the National Agency of Sweden (Modigh and Zackari, 2000), who declared the year 2000 to be a 'Fundamental Values Year' (Bergh and Englund, 2014). The fundamental values mission in the curriculum contains democratic values intended to guide the practices used in fostering young people at school. However, it does not state how these fundamental values should be realized in practice. At the end of the 1990s, a new educational theme, 'Life Competence' (Livskunskap), emerged within the Swedish schools. Although not qualifying as a subject, it became an umbrella term for schools to organize their fundamental values mission through scheduled lessons and the use of socio-emotional programmes suggested to *strengthen the fundamental values* and enhance the life skills of young people (Löf, 2011).²⁰

Secondly, the new millennium discourses on education focused on *shortcomings* in the schools, e.g. unsatisfactory school attendance and learning outcomes as well as problems with school bullying. Against this backdrop, the school opened the door to actors outside the educational sector who claimed to offer 'solutions' and concrete methods for realizing the fundamental values mission in the schools and for dealing with shortcomings related to social problems and bullying (Irisdotter Aldenmyr, 2014b; Bergh and Englund, 2014). Ready-made socio-emotional programmes inspired by therapeutic frameworks were presented as 'evidence-based' interventions, intended not only to promote the mental health of young people, but also to deal with these academic problems

²⁰ For further reading on the introduction and disappearance of the 'Life Competence' subject and how it cleared the way for socio-emotional programmes in the Swedish schools, see Löf (2015), Axelsson and Qvarsebo (2014).

and to achieve the fundamental values (Bergh and Englund, 2014; for an international comparison see Wright, 2015). Scholars, inspired by theories of ‘a therapeutic culture’²¹, have suggested that the introduction of socio-emotional programmes in schools in this vein implied that ‘a therapeutic ethos’ was interlinked with the goals of schooling itself and constructed as one of the primary missions of teachers and school welfare personal (Bartholdsson and Hultin, 2015; Wright, 2015).

Socio-emotional programmes were marketed and sold to schools by a wide range of ‘policy entrepreneurs’, exemplifying how the schools became an ‘Education Market Place’ (von Brömssen, 2013, cf. Ball, 1990). Governmental agencies, private policy entrepreneurs and ‘proactive networks of professionals’ (e.g., ‘Collaborative for Academic, Social and Emotional Learning’; ‘Schools for Health in Europe’; and the ‘International Alliance for Child and Adolescent Mental Health and Schools’) all advocated socio-emotional programmes and defined schools as the ‘natural’ setting for these ‘evidence-based’ programmes (Coppock, 2011, p. 386; Bergh and Englund, 2014; von Brömssen, 2013).

In a detailed analysis of Swedish policy documents, Bergh and Englund (2014) pointed out how the National Agency for Education (Modigh and Zackari, 2000) functioned as a linguistic door opener for socio-emotional programmes by highlighting shortcomings in the schools and introducing new concepts, e.g. social competence, social skills, self-esteem, emotional intelligence, as means of responding to these problems. Furthermore, they pointed out that the National Board of Health and Welfare (Socialstyrelsen, 2004, p. 28) and the National Institute of Public Health (Folkhälsoinstitutet, 2002, 2006) formulated arguments regarding what schools and their staff should do, suggesting that they ‘make use of new evidence-based methods’ and they linked these programmes to the school’s fundamental values mission (Bergh and Englund, 2014). In addition, the former Swedish National Agency for School Improvement (Myndigheten för skolutveckling, 2003, p. 52) recommended the schools implement psychologically based programmes,²² and presented them as programmes that would guarantee systematic work towards realizing the goals of the fundamental values mission (Bergh and Englund, 2014; Hultin, 2015). In this vein, socio-emotional programmes were approached as an unequivocal good and schools all over Sweden started investing in and implementing them – without a critical debate on their content, underlying values, or form (Bartholdsson and Hultin, 2015; Bergh and Englund, 2014; for an international comparison see Coppock, 2011; Watson et al., 2012; Wright, 2015).

Critical voices concerning socio-emotional programmes were raised among students, parents as well as teachers, but these critiques were initially not taken up in public discourses. After the first decade of the new millennium, however, a critical debate on socio-emotional programmes was spurred in Sweden. Several studies then demonstrated that the programmes did not necessarily respond to educational needs or prevent mental ill health in young people (En-

²¹ Furedi (2004), Ecclestone and Hayes (2009).

²² Nine different programmes were presented, among them SET.

glund et al., 2009; Dahlstedt, Fejes and Schönning 2011; Irisdotter Aldenmyr, 2014a; SBU, 2010; Flygare et al., 2011; von Brömssen, 2013). The intervention programmes were argued to have several limitations, high financial costs and entail a risk for harmful effects for students obliged to take part in them at school (ibid.; Swedish Radio 2010a, 2010b; The Swedish Educational Broadcasting Company, 2010).

The discourse suggesting that there is a crisis in young people's mental health and a need for preventive interventions in school is still predominant (e.g., Bremberg and Dalman, 2015; Skolinspektionen, 2015; cf. Watson et al., 2012; Wright, 2015).²³ The critical debate in educational studies and in the Swedish media, however, created a *counter*-discourse that questioned the unequivocal good of socio-emotional programmes and the appropriateness of practising them in schools (Irisdotter Aldenmyr, 2014b). Two ethnographic studies conducted in different municipalities in Sweden (Bartholdsson, Gustafsson-Lundberg, and Hultin, 2014b; Jepson Wigg, 2014) have both argued that this counter-discourse allowed schools to adopt a more flexible approach to socio-emotional programmes. They showed how – after the critique was voiced in the media – the municipalities, which had previously declared that all schools were obliged to implement the SET programme, changed their recommendations and instead allowed the schools and teachers themselves to choose what methods to apply (Bartholdsson, Gustafsson-Lundberg and Hultin, 2014a; Jepson Wigg, 2014).

A shift towards manual-based instruction

Educational scholars have referred to the introduction of socio-emotional programmes as the 'program invasion' of the Swedish schools (Bartholdsson and Hultin, 2015; Englund and Englund, 2012). One main critique raised is that the practice of socio-emotional programmes brought about a shift towards *manual-based instruction*.

Englund and colleagues pointed out that one problematic aspect of manual-based programmes is that 'the agenda for what is to be communicated about is set by the programme, rather than by real situations arising in schools' (Englund et al., 2009, p. 21; see also Bergh and Englund, 2014). Studies combining a policy analysis with an ethnographic study on classroom interaction (Gunnarsson, 2015; Löf, 2011) have suggested that, when a programme manual dictates the agenda, teachers and students risk being deprived of the power to influence the content. Gunnarsson (2015) showed how a manual-based programme can produce a demand for control in which rigid assumptions about what young people are in need of and what the programme will result in are predefined instead of allowing for uncertainties and for every participant to influence how the

²³ Socio-emotional programmes are marketed and advocated by private entrepreneurs (e.g., Kimber, 2015; Thomas, 2015), governmental public health agencies (e.g., Folkhälsoguiden, 2015; Folkhälsomyndigheten, 2015) and in the evidence-focused public health research (e.g., Durlak et al., 2011; Merry et al., 2012).

programme is practised. According to Gunnarsson, when health promotion is dictated by a programme manual a paradox emerges in which students have to adapt to the manual, rather than the health promotion activity being adapted to the very students whose health the programme is intended to promote (Gunnarsson, 2015).

Values, ideology and politics

Given that socio-emotional programmes were introduced into the schools as a means of realizing the fundamental values in the curriculum, several educational researchers have explored whether these programmes actually align with the fundamental values mission. One problematic aspect raised by policy studies is that practising socio-emotional programmes as a means for realizing fundamental values implies practising values and norms as *separate lessons*. This creates a paradox given that the idea of the fundamental values mission is ‘to see [it] as an approach that permeates all school activities’ (Flygare et al., 2011 p. 24, my translation; see also Bergh and Englund, 2014). According to Bergh and Englund, because these programmes make use of *manual-based instruction* to realize the fundamental values an even more paradoxical educational situation is created for teachers. They clarify their argument by citing Braun et al. (2010, p. 547), who wrote ‘schools and teachers are expected to be familiar with, and able to implement, multiple (and sometimes contradictory) policies that are planned for them by others, while they are held accountable for this task’. The contradiction highlighted by Bergh and Englund is that teachers are expected to make use of ‘open communication’, but at the same time to implement manual-based programmes that in fact restrict their communication to the therapeutic framework presented in the manual. Hence, teachers are faced with a dilemma: they are to simultaneously follow the school curriculum’s demands for ‘open communication’ and follow a programme manual that restricts their communication to a therapeutic framework, and in the end, they are held responsible when this ambition does not succeed (Bergh and Englund, 2014).

Several policy studies have pointed out how the manuals that structure socio-emotional programmes commonly draw on *psychological models of behaviour management*. They have argued that this is problematic in relation to the fundamental values mission (e.g., Bartholdsson, 2015; Bergh and Englund, 2014; Bergh, Englund and Englund, 2015; Löf, 2011; Grønlien Zetterqvist and Irsdotter Aldenmyr, 2013). Rather than providing teachers with means for realizing the fundamental values, Bergh and Englund (2014) argued the behaviouristic theories underpinning the programmes ‘conflict with the goals and values of the national curriculum’ (Bergh and Englund, 2014, p. 778; Englund et al., 2009). It has been claimed that the psychological models of behaviour management applied in the programme manuals risk reducing the fundamental values to behaviour modification techniques applied to students (Löf, 2011; Bergh, Englund and Englund, 2015), as well as to emotions deemed as inappropriate (Bartholdsson, 2014, for an international comparison see Gillies, 2011; Hoffman,

2009). Grønlien Zetterqvist and Irisdotter Aldenmyr, (2013) questioned whether these psychological models of behaviour management have come to displace the role of ethical reflection in values education.

Policy studies have suggested another problematic aspect of the values, ideology and politics of socio-emotional programmes, which is that they draw on discourses of empowerment. The empowerment discourse is illustrated in the WHO's definition of health promotion as 'the process of *enabling* people to increase *control* over, and to improve, their health' (WHO, 2009, p. 1, my italics). In this vein, socio-emotional programmes such as DISA and SET are considered to enhance various skills in students – skills assumed to enable them to take control over their health development, e.g. to avoid developing depressive symptoms and depression (cf. DISA manual, Clarke et al., 1995/2010 (rev. ed.), p.3; CWS manual, Clarke and Lewinsohn, 1995, i-ii.), peer problems, drug abuse, criminal behaviours and the 'ill-health that often results from stressors or risks' (Kimber, 2011. p. 4; see also Kimber, Sandell and Bremberg, 2008a, 2008b; Kimber and Sandell, 2009). Policy studies inspired by a governmentality perspective²⁴, however, have suggested the need to take a critical stance on discourses of empowerment.

Petersen and Lupton (1996) pointed out that while public health interventions have incorporated an empowerment discourse focusing on *enabling* people to increase *control* over their health development, these interventions are nonetheless guided by *expert discourses* that people are expected to appropriate and regulate themselves according to. They argued that the expert discourses structuring these interventions must therefore be taken into account when analysing public health interventions (Petersen and Lupton, 1996). In a similar vein, educational scholars inspired by a governmentality perspective have argued that the psychological models of behaviour management underpinning socio-emotional programmes act as expert discourses that entail more subtle forms of governance, i.e. self-governance (Bartholdsson, 2012; Dahlstedt, Fejes and Schönning, 2011; Gagen, 2013; Gillies, 2011).

The governmentality perspective sees governance as a form of power 'by which, in our culture, human beings are made subjects' (Foucault 1982, 777). This is not accomplished through force or coercion, but relies on a set of techniques through which subjects *freely* choose to regulate themselves in accordance with prevailing values and norms (Rose, O'Malley and Valverde, 2009). Educational scholars inspired by a governmentality perspective have suggested that when the fundamental values of the Swedish curriculum are enacted through socio-emotional programmes that hold the promise of empowerment, techniques of *governance* are applied to 'create active citizens' who will turn the aims of the programme into 'their own life project' (Axelsson and Qvarsebo, 2014, p. 154).²⁵ One conclusion drawn based on research in this area is that

²⁴ For descriptions of a governmentality perspective see Foucault (1982), Rose, O'Malley and Valverde (2009).

²⁵ For a further discussion on the empowerment approach adopted in civic education, see Cruikshank (1999).

these programmes involve self-regulation and the ‘conduct of conduct’, in which students not only learn to regulate themselves and reproduce the ideals of desirable behaviours incorporated into the programmes, but also how this involves regulating the conduct of other students as well (Dahlstedt, Fejes and Schönning, 2011; Berg and Englund, 2014; Gillies, 2011; Axelsson and Qvarsebo, 2014).

A therapeutic turn in education

A central point of concern for studies inspired by a governmentality perspective is that socio-emotional programmes are structured by a therapeutic framework and involve a therapeutic turn in education (Ecclestone and Hayes, 2009; Irisdotter Aldenmyr, 2014b; Wright, 2011; 2015). The programmes are argued to *pathologize* young people and bring about a *hollow individualism* (Ecclestone and Hayes, 2009; Wright, 2011, 2015).

Although drawing on the rhetoric of empowerment, the ‘therapeutic turn’ is criticized for stressing vulnerability and fragility, thereby producing ‘diminished selves’ (Ecclestone, 2007; Ecclestone and Hayes, 2009; Furedi, 2004). Several policy studies have shown how, during the twentieth century, psychological health interventions in schools targeted children with special needs, defined as ‘abnormal’, but how contemporary socio-emotional programmes are practised as *universal* interventions (Gunnarsson, 2015; Wright, 2015, cf. Coppock, 2011). Gunnarsson suggested that this shift is underpinned by a therapeutic culture in which students are seen as ‘defective and in need of correction’ and she raised the question of whether this universal approach in fact involves a shift towards ‘making every student into a problem child?’ (Gunnarsson, 2015, p. 202, my translation; cf. Johannisson, 2012).

The claim that the therapeutic turn in education involves a *hollow* individualism is based on the argument that socio-emotional programmes inspired by a therapeutic framework have adopted an individualistic approach to social problems. By directing teachers’ attention towards remedying assumed social and emotional *skill deficits* in students, the programmes neglect the broader social, relational and cultural contexts of schools (Bartholdsson, Gustafsson-Lundberg, and Hultin, 2014a; Gillies, 2011; Hoffman, 2009). Likewise, the programmes risk reducing complex mental health problems to matters of individual deficiencies (Coppock, 2011; Dahlstedt, Fejes and Schönning, 2011).

In an effort to explain these critical perspectives on the therapeutic turn in education, Bartholdsson (2015) pointed out that a therapeutic culture is based on the idea that all human beings are psychologically vulnerable and in need of therapeutic interventions. Furthermore, within such a therapeutic culture an individual’s emotional status and psychological vulnerability are approached as being the fundamental cause of the various problems she/he is exposed to (e.g., unemployment, poverty, difficult life conditions, etc.). Hereby, problems that could be understood as being caused by social and structural factors are instead

positioned as *self-inflicted*, and the complexity of mental health issues in the population is ignored (Bartholdsson, 2015; cf. Ecclestone, 2011; Wright, 2011).

However, according to Wright (2011), reading a therapeutic turn in education merely as an indication of pathologization and hollow individualism also runs the risk of failing to recognize its complexity. McLeod and Wright (2009) pointed that critical studies of therapeutic culture are too far removed from people's lived everyday lives. They suggested a shift in focus towards the practical and situated effects of the therapeutic turn. Wright argued that the question that needs to be addressed in relation to the practice of socio-emotional programmes at school is whether these universal therapeutic preventive interventions 'have led to a diminishment of the individualizing and dividing practices of categorization and the tendencies towards pathologization in educational psychology in the past. Or whether these practices have simply re-emerged, albeit in a rather different guise, in the form of well-being discourses' (Wright, 2015, p. 215).

Further elaborating on these matters, Gunnarsson (2015) explored what figurations of health were produced through various national and international policy documents on health promotion and through the DISA manual and its actual practice at school. Gunnarsson identified four figurations of health: 1) *health as place*, which involved the production of health as an all-embracing resource for the schools and all students therein, while at the same time positioning the individual as active and the context as passive; 2) *health as competence*, which in policy documents involved universal demands for improving young people's competences and in the DISA programme involved becoming aware of negative thoughts as a means for change; 3) *health as feelings*, which involved connecting health with self-confidence and using feelings of stress and shame as agents in producing a healthy change and improvement in young people; 4) *health as a gendered body*, which in the policy practice involved making symptoms of girls' mental ill health into an internalizing movement and in the DISA practice involved using social aspects of kinship and sameness as a means to make girls recognize problems of stress and negative thoughts. Gunnarsson suggested that these four figurations of health produced stable categories in which all students are positioned as being in need of a positive change. However, she argued that when it comes to promoting the well-being of boys, the emphasis is put on changing the environment and the tuition, while regarding girls' well-being the emphasis is put on having them alter themselves in order to become healthy. The DISA programme involves the notion that adolescent girls need to become aware of and control their assumed negative thoughts. In this way, Gunnarsson argued, a demand for control and change in females is produced in order to promote their well-being, and a logic is formed in which girls are made responsible for their ill health. Nevertheless, Gunnarsson maintained that the artefacts and female bodies observed in her study were active in ways that were not foreseeable, controllable or determinable in advance (Gunnarsson, 2015).

Based on the above findings, Gunnarsson (2015) levelled criticism at the idea of carrying out health promotion in schools by using a ready-made therapeutic programme such as the DISA programme, which seeks to control female

bodies. She suggested that the health promotion activities formed at school would instead benefit from ‘practices that create movement in and through a multitude of relations and connections, practices that do not privilege rationality and that do not determine when and how thoughts-feelings-bodies may be expressed’ (p. 203-204, my translation). Furthermore, Gunnarsson suggested that rather than adopting the predefined questions and answers underlying a programme manual and aligning with the fixed assumption of the programme’s effectiveness, health-promoting activities would benefit from ‘producing knowledge in dialogue with the world and meanwhile challenging the world and its established truths’ (Gunnarsson, 2015, p. 206, my translation).

To conclude, the educational and sociological studies reviewed above have scrutinized and discussed the implicit normative, regulative dimension of socio-emotional programmes. They have criticized the therapeutic framework that structures these manual-based interventions. Moreover, they have pointed out how these ready-made programmes have gained acceptance in the educational sector due to changed perceptions concerning the mission of the school. The studies have kept their focus on broader societal processes by studying policy documents, programme manuals, and political changes over time. Students' and teachers' perspectives on socio-emotional programmes have been examined to a lesser extent.

In conclusion, the literature on socio-emotional programmes contains two research fields. While the evidence-focused research suggests that young people are exposed to evident risks and are in need of socio-emotional programmes at school, the educational and sociological research suggests that contemporary schools’ use of therapeutic interventions is characterized by an exaggerated obsession with therapy and mental (ill) health (Irisdotter Aldenmyr, 2014b). The present study is inspired by McLeod and Wright (2009), Wright (2011, 2015), Irisdotter Aldenmyr (2014b) and Watson et al. (2012), who have discussed the need to gain a broader understanding of these interventions by shifting the focus towards participants’ perspectives on these interventions and what they entail in their everyday lives. In the next section, I will review the specific studies on DISA and SET that have explored what the programmes entail in daily life at school.

DISA and SET in daily life at school

In an ethnographic study of the DISA intervention, Wickström (2013) sought to generate knowledge on girls’ experiences of DISA and how the girls helped shape how the programme was realized in practice.²⁶ The study demonstrated that the girls took part in transforming the focus of the program. By quietly protesting against the cognitive exercises applied in DISA and engaging in and developing other parts of the programme, they shifted the focus of the course from

²⁶ The study is part of the same research project as the present dissertation. However, the girls who took part in the ethnographic study of DISA did not participate in the dissertation studies. See Chapter 4 for further information on the research project.

potential individual problems to relational issues. The results indicated that the DISA manual does not manage to take the complexity of young people's daily life into account. Wickström pointed out that manual-based courses' assumed strength relies on the manual not being open to negotiation. However, the course will change with different participants and leaders, which thus highlights the weakness of this approach. Based on these results, Wickström suggested that the cognitive methods applied in the course could be replaced by exercises dealing with interaction (Wickström, 2013).

A Swedish study of anti-bullying programmes (Flygare et al., 2011), which included the SET programme, brings attention to the importance of considering the context in which these programmes are practised and the agency of the students taking part in these practices. The study aimed at evaluating programmes applied at school as a means for counteracting bullying. Based on questionnaires and group interviews with students, teachers, school well-fare personal and school principals in 39 Swedish schools, the results indicated that the students who took part in these interventions did not necessarily exercise their agency in line with what the programme designer had anticipated. Flygare et al. (2011) stressed that the programmes could be used by the students as measures for excluding one another rather than as a means for inclusion and for creating fellowship within the class, the latter being what was anticipated by the programme developer. They pointed out the need to take the local school situation into account when designing interventions and that programmes need to be locally adapted to the specific school, its staff and students.

Focusing on the argument that socio-emotional programmes provide the means for realizing the fundamental values mission of the curriculum, Hultin (2015) explored what conditions the SET programme and its actual practice created for students to have democratic experiences. Based on participant observations of SET lessons in the ninth grade, interviews with students and teachers and an examination of the programme manual, Hultin argued the SET programme 'made it impossible for students to have democratic experiences' (p.88, my translation). According to Hultin, the students were found to voice their criticism of the SET programme at several occasions, however rather than taking an interest in what the students objected to, the teachers referred to their critique as 'negativism' (p. 77). One paradox highlighted by Hultin is the fact that the students' objections could have provided an opportunity for an open discussion and exploration of various interpretations of democracy. Instead, the teachers reproduced the arguments found in the programme manual, stating that the programme provided the students with *protective* factors and that the students in fact needed these lessons. Hultin identified four main themes in students' accounts of what they found problematic with the SET programme: 1) SET lessons were seen as a waste of time because they involved practising skills they already possessed; 2) the programme was not adapted to them but was thought to address a much younger child or a child who had specific behaviour or emotional difficulties; 3) the programme involved a static approach to behaviours and emotions deemed as inappropriate, and this approach did not take into account

the contextual situation in which these behaviours and emotions were enacted; 4) SET lessons involved an expectation that they should discuss private matters in front of classmates, matters that they would feel more comfortable sharing with a friend rather than with their entire class. The ways in which the students handled SET in practice involved four different forms of resistance: open criticism; making jokes about the SET exercises and the norms conveyed therein; following through with SET exercises but with a minimum of engagement; choosing to sit quietly rather than responding to the questions posed by the SET teacher (Hultin, 2015).

In an ethnographic study of the practice of SET and a similar programme called 'start/stegvis' (start/step-by-step) in school settings for 1- to 7-year-olds, Bartholdsson (2015) found that the construction of anger in the programme manuals became problematic when put into practice. The programmes are described as providing useful tools for children to handle their anger. But Bartholdsson argued that, in the programme manuals, strong emotions such as anger are constructed as biological responses, instincts that one needs to learn how to control, rather than as justified feelings that stem from social interaction. In this vein, the programmes focus on teaching students to control their anger by taking control over their breathing and counting to ten, etc. Bartholdsson showed how when teachers tried to help students apply these techniques in conflict situations arising in the school context, it gave rise to frustration and further anger responses from the children. The study highlighted that only when the teachers let go of the tools taught in the programmes and instead made use of their teacher professionalism and asked for students' accounts of what had caused their anger, were they able to help students handle the situation and overcome their anger. However, Bartholdsson found a tendency among the teachers observed in the study to instead follow the manuscript of the manuals in their encounters with the children. In interviews, the teachers reported having great trust in the programmes because they were said to be evidence-based. Given these findings, Bartholdsson raised the question of whether the presentation of these programmes as evidence-based causes teachers to put their trust in the programme manuals and their presumed guaranteed effects rather than trusting in their own professional skills (Bartholdsson, 2015; cf. Bartholdsson, Gustafsson-Lundberg and Hultin, 2014a). In a combined policy and ethnographic study of the life competence subject in Swedish schools, Löf (2011) stressed the fact that the therapeutic programmes applied involve changes in the professional role of teachers. Löf pointed out that when teachers are expected to carry out therapeutic sessions and follow principles of cognitive behavioural therapy, their professional role as teachers is changed to a role for which they actually have no training (Löf, 2011; cf. Kaspersson, 2011).

Based on an ethnographic study of SEAL (the British counterpart to SET), Gillies (2011) sought to critically reflect upon the philosophy behind the emotional pedagogy applied in the programme. Informed by theories regarding the therapeutic culture (Ecclestone and Hays 2009; Illouz 2008; Furedi 2004), the study examined how this emotional pedagogy was enacted to manage young

people's behaviours in the classroom. The study illustrated that the programme guidelines became problematic when put into practice. The guidance manual instructed teachers to focus attention on the emotional antecedents of problematic behaviour rather than on the behaviour in question. Gillies argued that this approach entailed discussing emotional responses detached from the circumstances that provoked them. Furthermore, she argued that the SEAL programme's emphasis on exploring students' feelings meant teaching them how to express socially appropriate thoughts and feelings (Gillies, 2011).

In an interview study with teachers who were in charge of implementing SET and a similar programme called 'Våga vara' (Dare to be), Aldenmyr (2013) shed light on the challenges brought on by these interventions due to how they are carried out in a *school context*. Aldenmyr focused on how the teachers talked about their experiences of practising these programmes and how they were faced with different challenges related to aspects of teacher identity, competence, and the nature of teachers' duties. In the programmes, the teachers are expected to engage in the emotional well-being of their students, and in their talk about how they dealt with such a challenge, two subject positions emerged that highlighted the tension in their stories: 1) a socially committed teacher who gets involved in the emotional well-being of students and engages in emotional relations with them and 2) a knowledge-oriented teacher who connects with the students mainly by focusing on subject matter. Another challenge concerns the fact that practising these programmes involves exposing the personal lives of both teachers and students. These challenges show that practising these programmes involves critical questions of privacy, integrity, and teacher-student relations, which needs to be reflected on (Aldenmyr, 2013; cf. Kaspersson, 2011).

In conclusion, the studies reviewed above have explored what the DISA and SET programmes entail in teachers' and/or students' daily lives at school. In a similar vein as the policy studies reviewed in the former section, these studies draw attention to the fact that these programmes are structured by programme manuals, which in turn are based on a therapeutic framework. The studies show that these programme manuals bring with them challenges and problematic consequences when the programmes are practised at school. In addition, the studies demonstrate that while the programmes are structured by programme manuals they are not static, in that what they entail in a given school setting depends on how they are negotiated by students and teachers in practice.

Concluding discussion and outline of the present study approach

In this Chapter, I have focused on the introduction of socio-emotional programmes in the Swedish schools and explored the DISA and SET manuals, policy documents and previous research to outline the arguments behind implementing these programmes and what discourses they bring into the school context. I identified two main fields of research on socio-emotional programmes: 1) the

evidence-focused research that focuses on a crisis in young people's mental health and on establishing the programmes' potential to enhance the skills practised and on determining the programmes' prevention effectiveness regarding symptoms of mental ill health and 2) the sociological and educational research that critically examines the programmes, their underlying theories and scrutinizes their introduction into the educational sector. The second field of research is foremost based on policy studies and text analyses of programme manuals and on a few studies exploring what these programmes entailed when practised in schools from the perspective of teachers and/or students. It makes use of a governmentality perspective and theories regarding a therapeutic culture to examine the programmes and to outline the expert discourses structuring these interventions and what they entail in school. In the present study, I intend to add to the knowledge on socio-emotional programmes by combining a focus on the expert discourses that guide these interventions with a focus on what they entail for the students receiving them at school. In contrast to previous sociological and educational studies, however, I do not start off in a governmentality perspective or theories regarding a therapeutic culture. Instead I start off in a micro-perspective by trying to understand young people's perspectives on DISA and SET and then use this understanding as a guide for scrutinizing the programmes and the mixture of expert discourses incorporated therein. As I mentioned above, this approach responds to calls made in previous research (e.g., Irisdotter Aldenmyr, 2014b; Watson et al., 2012; Wright, 2011, 2015) for trying to gain a wider understanding of these therapeutic interventions by shifting the focus towards participants' perspectives on these activities and what they entail in their daily lives. Watson et al. argued that an approach that starts by seeking knowledge about students' perspectives on socio-emotional programmes could help bring new insights into these phenomena. However, such an approach by necessity must acknowledge students' perspectives as *relational* and *embedded* in a local and wider social, cultural and historical *context* (Watson et al., 2012). In the next chapter, I will further develop the theoretical positions from which the studies in the present dissertation take their point of departure.

Chapter 3

Theoretical framework

In this chapter, I introduce the theoretical concepts ‘being-becoming’, ‘children’s perspective’, ‘agency’ and ‘peer culture’, which have served as a theoretical framework for the design of the studies and the results presented in the current dissertation.²⁷ I end the chapter with the section on ‘theorizing talk and social interaction’, in which I outline my theoretical perspective on how a study of language in use and social actions can become a means for exploring children’s perspectives as relational and embedded in a local and wider social, cultural and historical context.

The interdisciplinary field of child studies

The theoretical framework of the present dissertation is situated within the interdisciplinary field of child studies (Bergnéhr and Zetterqvist Nelson, 2015; Corsaro, 2005; Halldén, 2007; James, 2010; James, 2004, 2007; Näsman, 1995; Sandin and Halldén, 2003; Prout, 2005) – a field of research that emerged from ‘the new social studies of childhood’ formed in the end of the twentieth century.

The new social studies of childhood was underpinned by an ambition to challenge the taken-for-granted assumptions about children and childhood that predominated during the twentieth ‘century of the child’. The new approach to studying childhood specifically opposed predominant discourses on socialization and development, which represented ‘children as natural, passive, incompetent and incomplete and in doing so foreclosed a series of important questions for theory and empirical research’ (James and Prout, 1997, p. x). The predominance of traditional developmental psychology in relation to other disciplines and public discourses was argued to bring with it the notion of childhood as

²⁷ In this chapter, I continue to use the concept ‘young people’ as an umbrella term for young people 0-18 years and the term ‘students’ when specifically referring to young people in school. In addition, I make use of the concepts ‘children’ and ‘childhood’ when specifically referring to the theoretical and methodological discussions developed within the interdisciplinary field of child studies. Children and childhood are generally accepted concepts within this field and are not restricted to young ages, but encompass young people in the age range 0-18 years.

merely a period of transition; i.e. a period in which in which the transition to a full-fledged human occurs, and as a consequence the construction of young people as future adult 'becomings'. A problem associated with the notion of the child as a pre-phase to adulthood was how, from this viewpoint, the life conditions of children were assessed based on what they implied for the 'becoming' child rather than what they actually meant for the 'being' child (Näsman, 1995, p. 285). Previous studies of childhood had paid attention to children, but they were argued to be marked by the *silence* of children (Prout and James, 1997). The new social studies of childhood suggested four new ways of conceptualizing children and childhood.

First, childhood was to be seen as *socially constructed* – the product of social, cultural and historical processes. This first tenet of the new paradigm implied acknowledging that what it means to be a child differs in time and space. It suggested that the questions addressed by theory and empirical research needed to be directed towards the socially, historically and culturally situated processes that form different childhoods (James and Prout, 1997; James, Jenks and Prout, 1998).

Second, childhood was to be seen as a permanent part of the social structure and therefore a key area for sociological inquiry. This second tenet of the new paradigm implied acknowledging childhood as a *variable for social analysis* – a variable to be studied in relation to other variables such as class, gender and ethnicity (James and Prout, 1997; James, Jenks and Prout, 1998).

Third, the new paradigm aimed to reposition young people as *beings in their own right* rather than merely future adult becomings. It implied an ambition to study children's experiences, social relationships and cultures 'independent of the perspectives and concerns of adults' (James and Prout, 1997, p. 8).

Fourth, children were not to be seen as passive subjects of socialization, but as agentive social actors in the construction of their social lives and of the societies to which they belong (James and Prout, 1997; James, Jenks and Prout, 1998). A main ambition of this field has been to acquire broader knowledge of social phenomena by trying to adopt a 'children's perspective' in research (Halldén, 2003; James, 2007; Näsman, 1995).

Since the introduction of the new paradigm of social studies of childhood, these four tenets have been critically debated and served to form what I refer to as the interdisciplinary field of child studies. It is an interdisciplinary endeavour that takes its point of departure in these four tenets, but strives to move beyond distinctions and dichotomies (Tisdall and Punch, 2012; Prout, 2005).

Being-becoming

A theoretical standpoint developed within the interdisciplinary field of child studies is that children are inevitably both *beings* and *becomings*. I found this critical perspective relevant when approaching the practice of socio-emotional programmes in the schools, as these programme initiatives draw on a prevention

discourse that positions young people foremost as ‘becomings’ (see, e.g., Socialdepartementet, 2002; Kimber, 2001, 2009; Merry et al., 2012; Zins and Elias, 2006; Treutiger, 2006; Treutiger and Lindberg, 2012). As outlined in Chapter 2, socio-emotional programmes are implemented in schools based on an understanding that young people’s mental health is deteriorating and a political ambition to solve this problem through ‘*early interventions*’ (see Socialdepartementet, 2002). Furthermore, socio-emotional programmes such as DISA and SET are advocated based on arguments that they *prevent* the onset of depression, alcohol and drug abuse, aggression, violent behaviour, etc. (DISA manual, Clarke et al., 1995/2010 (rev. ed.)); (Kimber, Sandell, and Bremberg, 2008a, 2008b, Kimber, 2009; Zins and Elias, 2006). These preventive programmes hold the promise of psychological *immunization* and of promoting resilience in the face of stress and other risk factors (ibid.; Wright, 2015). Moreover, the evidence-focused research conducted to assess these programmes’ usefulness deals with establishing the programmes’ effectiveness in reducing *risk factors* and *promoting protective factors* in relation to young people’s health development (e.g., Merry et al., 2012; Treutiger and Lindberg, 2013; Kimber, 2011). In short, the discourses underpinning socio-emotional programmes incorporate a future focus on what these programmes imply for the ‘becoming’ child, and this focus overrides what they actually mean for the ‘being’ child (cf. Näsman, 1995).

My theoretical point of departure is that the young people taking part in DISA and SET are both ‘beings’ and ‘becomings’ – agents who can connect present and future orientations through their on-going lived experiences (Fattore, Mason and Watson, 2009; Uprichard, 2008). In the articles, I make use of this theoretical standpoint to try to understand what DISA and SET entail ‘here and now’ in the students’ daily life, thereby expanding the notion of what these interventions entail. As Watson et al. (2012) argued, in the research field on young people’s social and emotional well-being in school, young people’s perspectives represent ‘minority knowledge’ that needs to be further explored to broaden the picture provided by the ‘majority discourses’ (Watson et al., 2012).

Children’s perspectives and agency

A concept that has been central to the present dissertation is ‘children’s perspective’. The present studies draw on the core principle in the interdisciplinary field of child studies: that young people’s perspectives make an important epistemological contribution to our understanding of social phenomena, such as the practice of socio-emotional programmes in schools.

When making use of the theoretical concept of ‘children’s perspective’ there is a need to critically define what it means, as it inevitably involves an adult researcher exploring children’s perspectives (Näsman, 1995). Underpinned by the UN Convention on the Rights of the Child (UNCRC 1989), which stresses the right of young people to speak out in matters that concern them and have their opinions respected, ‘children’s perspectives’ has become a frequently used

umbrella term. In the many references to children's perspectives, the term is given different meanings and used with different agendas (Halldén, 2003; Zetterqvist Nelson, 2012). A clarification of the theoretical concept of 'children's perspective' and its methodological implications for the present studies is thus needed.

Applying a 'children's perspective' in the present study implies having an interest in young people's experiences of taking part in DISA and SET, that is, how they make sense of these interventions, what they themselves express and how they as social actors take part in constructing their social world and influence what the interventions become in practice (Halldén, 2003). This theoretical position has methodological implications. As Zetterqvist Nelson stated, exploring children's perspectives involves designing a study that provides space for children to describe their experiences and express their views on specific matters and/or that focuses on children's agency in social interaction (Zetterqvist Nelson, 2012; cf. Näsman and Gerber, 2003). In the methodology section, I will return to this starting point and describe in more detail how it has affected the research design of the DISA and SET studies.

Applying a 'children's perspective' in the present study also involves taking into account the complexity underlying children's voices. Meaning is inevitably socially constructed and young people's narratives are formed in relation to a situated and wider historical, cultural and socio-political context (Gallacher and Gallagher, 2008; Halldén, 2003; James, 2007; Spyrou, 2011; Zetterqvist Nelson, 2012). In the present study, 'children's perspective' and 'agency' are employed as theoretical and analytical concepts: an approach that focuses on how young people reproduce, transform as well as give new meanings to the expert discourses and circumstances brought about by socio-emotional programmes such as DISA and SET. The approach chosen is different from the emancipatory aim sometimes articulated in child studies which link a 'children's perspective' and 'agency' to discourses of empowerment. The problem lies in how agency is then adopted as a *goal* of the research encounter (Gallacher and Gallagher, 2008). As pointed out by Gallacher and Gallagher (2008, p. 503), 'children actively shape and organize the world around them', regardless of whether adults seek to empower them or not. One methodological implication of this theoretical position is that agency becomes a tool for analysis (for a further description see Chapter 4).

Agency – structure

The positioning of young people as 'social actors' in the present dissertation involves acknowledging that they are constrained by the social, historical and ideological processes that make up their social reality, while they at the same time take part in constructing their social world (Bergnéhr and Zetterqvist Nelson, 2015; Corsaro, 2005; Halldén, 2007; James and Prout, 1997; James, 2010; James, 2004, 2007; Sandin and Halldén, 2003; Wickström, 2013). Acknowledg-

ing the young people taking part in DISA and SET as social actors thus involves recognizing that they are constrained by structures (e.g., structures conveyed by the programme and the social and cultural context of the school), while at the same time recognizing that they take part on their own terms. Thus, what the interventions become in practice is dependent on the structure provided by the programme as well as on how participants make sense of and use of the programme in the social and cultural context of their local worlds. As Corsaro (2005) reminds us, in school young people are not only constrained by regulations laid down by adults, but they also form their own moral orders with norms and routines for how to interact, and these emerging peer cultures influence students' actions within local school contexts.

Prout (2011) argued that studies on young people commonly set up a dualism between 'childhood as a feature of social structure and children as agents'. The 'childhood-as-structure' approach deals with exploring the social structures that form the lives of various groups of children. However, in doing so 'it assumes that large-scale patterns explain the action of individual and collective agents' (p. 7). The 'children as agents' approach, on the other hand, tends to downplay the significance of structures, he argued. While the agency approach acknowledges large-scale patterns, according to Prout, 'this is done rather gesturally, by reference to the resources and constraints that structure "out there" is supposed to provide. How this is accomplished is rarely accounted for in any detail' (p.7).

In the present dissertation, I intend to move beyond this dualism by combining a focus on the young people as social actors with a focus on the large-scale patterns of which these programmes are a part by directing the focus towards the encounter between these programmes and the young people receiving them in the school context. As I pointed out in the introduction chapter, this implies focusing both on exploring the theories and assumptions drawn upon in the programmes and on the circumstances brought on by these programmes, as well as analysing in more detail how these structures constrain and become resources when students negotiate the programmes in the social and cultural context of the school. Considering that young people's perspectives could bring with them 'minority knowledge' of socio-emotional programmes (cf. Watson et al., 2012), I pursue the approach outlined above by starting from a micro-perspective, thus focusing on young people's perspectives on DISA and SET and what they entail in their daily lives at school.

In the following section, I outline my theoretical perspective on how a study of language-in-use and social interaction becomes a means for trying to understand students' perspectives on DISA and SET, an understanding that can then serve as a guide for examining the discourses, assumptions and routines incorporated in the interventions.

Theorizing talk and social interaction

The present dissertation is based on the epistemological understanding that language-in-use is not merely referential, but both *constructive* and *constructed*. Through text and talk, people *give meaning* to experiences, activities and situations and in doing so take part in *constructing* the social world. In addition, text and talk are part of a discursive history that makes particular articulations possible (Wetherell, 1998). As Tileagă and Stokoe (2015, p. 4) noted, ‘people talk by deploying the resources (words, categories, common sense ideas) available to them’. Through the use of language, the meaning of something can be reproduced but also changed (Taylor, 2013). This theoretical point of departure implies that when exploring students’ descriptions and accounts of DISA and SET as well as when exploring programme manuals and texts used for marketing, the analytical focus is on the various meanings that are given to these interventions and what versions of the same phenomena they produce.

I depart from the theoretical understanding that interviews involve a social encounter in which meaning is *socially constructed*. The interviewer can never stand apart from the data, but inevitably becomes a co-constructer of meaning. As Gubrium and Holstein (2012, p. 34) remind us, ‘it is not the nature of narratives to simply flow forth, but instead, they are formulated and shaped in collaboration between the respondent and the interviewer.’ From this follows that ‘Understanding *how* the narrative process constructively unfolds in the interview is as critical as appreciating *what* is selectively composed and preferred’ (Gubrim and Holstein, 2012, p. 32).

When analysing text and talk, I adhere to a discursive analytical approach that has come to be known as ‘critical discursive psychology’ (Verkuyten, 2003). This approach is based on the work of Margaret Wetherell (1998), who sought to combine the empirically grounded approach of conversation analysis with a Foucauldian post-structuralist understanding of talk and subjectivity as being linked to power and politics. Wetherell (1998) suggested the need to conduct *empirically grounded* analyses of text and talk (e.g., to focus on what the participant whose talk is being analysed makes relevant), while at the same time acknowledging that text and talk are embedded within an argumentative texture: that is, a broader cultural and historical context that makes particular articulations possible and produces specific subject positions.

The discursive approach implies putting the analytical focus on how students: 1) give meaning to their experiences of DISA and SET, based on the understanding that young people ‘have the wherewithal to offer a meaningful description of, or set of opinions about, their lives’ (Gubrim and Holstein, 2012, p. 28), and 2) how their descriptions and arguments are formed by a situated context (e.g., interactional process in conversation) as well as by a broader social, cultural and historical context. A study of students’ accounts of DISA and SET then also becomes a study of the discourses drawn upon in their accounts – the discourses that make their descriptions and arguments possible. In order to avoid making premature readings of the discursive history on which student’s accounts draw, I start by looking at the way in which the students themselves *orient to*

talk and try to trace their ‘argumentative threads’ (Verkuyten, 2003; Wetherell, 1998). This means paying attention to the content of students’ accounts and highlighting the arguments they use for specific constructions of meaning. In order to follow their ‘argumentative threads’, I make use of questions such as ‘Why is this utterance here?’ and ‘What sense do their arguments make in this situation?’ These questions enable an analysis of both the situated context (the on-going interview conversation) and a first step in linking their arguments to the argumentative fabric in which the history of the discourses may be explored (Wetherell, 1998, pp. 403-5; see also Verkuyten, 2003, p. 151).

By starting off with what the students themselves make relevant when talking about their experiences of these interventions, and using this as a guide for further scrutiny of the programmes, the study of language-in-use also becomes a means for exploring minority voices on DISA and SET and the discourses, assumptions and routines they bring into the school context (cf. Watson et al., 2012).

In the SET study (Article III, IV), the approach outlined above is combined with a study of social interaction. This approach starts from the theoretical notion that a combined focus on talk and interaction enhances the researcher’s ability to gain insight into students’ perspectives (Hammersley, 2006). In a similar vein as the discourse analytical approach outlined above, this approach strives to locate perspectives and patterns of action in a wider social, cultural and historical context (ibid.). In this process, I make use of the concept of ‘peer culture’. Peer culture refers to how students make use of the tangible social and cultural resources around them to form their own moral orders and routines for how to interact in a specific context (Corsaro, 2005). Through their own emerging peer cultures, students take part in a form of cultural production and reproduction. Corsaro (2005, p. 18) referred to this process as ‘interpretive reproduction’ and clarified how this process captures the *Innovative* and *creative* aspects of children’s participation in society’ through which they may appropriate as well as change the broader culture they belong to. In the present dissertation, I use ‘peer culture’ to focus on how students negotiate the norms and routines conveyed in SET to form their own moral orders and routines for interaction. ‘Peer culture’ thus becomes a theoretical and methodological concept for exploring the ways in which students appropriate, reproduce and transform the meaning of the programme and what purposes SET come to serve in the specific social and cultural context of their school.

Chapter 4

Methodology

This chapter gives an overview of the methodology applied in the studies that make up the dissertation. The thesis at hand is part of a broader research project on ‘children’s perspectives’ on public health interventions practised to promote young people’s well-being.²⁸ This broader project shaped the structure of the dissertation and the separate studies. Before moving on to describe the specific studies, I will start by giving a short overview of the project as a whole.

The broader research project

The research project was initiated by a governmental initiative to support closer ties between research and practice concerning the well-being of young people. The initiative called for establishing contacts between universities and municipalities to initiate locally based sector-transcending projects (Socialdepartementet, 2008). The structure established by the initiative was that the research conducted would focus on evaluating and scientifically examining the interventions being implemented in the municipality to promote children’s well-being. In response to this call, a collaborative project was established between the Unit of Child Studies at the Department of Thematic Studies, Linköping University, and a Swedish municipality in which public health interventions were being carried out for young people (age 7-18) in different settings. Regular meetings were held between the researchers and the leader of the children and youth project within the municipality. These meetings enabled me to have up-to-date information about the interventions, as well as access to the activities and key actors (e.g., school principals, school welfare personal, teachers) involved in these initiatives.

The interventions initiated by the children and youth project in the municipality were based on a survey conducted in 2007 to establish the health needs of young people in the community. The results of the survey had been discussed among politicians, professional employees and groups of young people taking part in the survey. Based on these discussions, three key areas had been priori-

²⁸ See Chapter 3 for a theoretical and methodological definition of children’s perspectives.

tized for interventions: young people's participation and influence in school and leisure activities, their mental health and bullying. To respond to these key areas, different locally produced activities to discourage bullying were initiated and efforts were made to create a youth centre offering different activities for young people. In addition, two manual-based programmes (DISA and SET) – which had been marketed by the Swedish Public Health Institute as effective means to promote mental health among young people – were initiated.

The research project was focused on evaluating and scientifically examining all of the above-mentioned activities by applying a process-oriented model of evaluation with a distinctive focus on 'children's perspectives' (Spicer and Smith, 2008; Weiss, 1979; Gould, 2010; Hearn, Lawler and Dowswell, 2003; Zetterqvist Nelson, 2012). The aim of the process evaluation was to gain a thorough understanding of the initiatives and explore what conditions they provided for promoting young people's well-being. A specific research focus was aimed at exploring how the young people made sense of the initiatives and of the subjects focused upon in the initiatives, as well as exploring what these activities entailed in their daily lives.

The research project has generated several studies and publications. One study focused on the locally produced activities meant to discourage bullying (Andersen, 2010; Zetterqvist Nelson and Kvist Lindholm, 2012). Another targeted the efforts made to create a youth centre (Aretun, 2012). Two studies focused on DISA (Study I: Kvist Lindholm and Zetterqvist Nelson, 2014; Kvist Lindholm and Zetterqvist Nelson, 2015; Study II: Wickström, 2013). Others investigated SET (Study I: Kvist Lindholm, submitted; Kvist Lindholm, submitted; Study II: Kaspersson, 2011). All studies conducted within the project were approved by the Regional Ethical Review Board of Linköping University (Reg. no. 181-09, Reg. no. 2010/50-31).

The studies in the dissertation

When the present dissertation was initiated in 2009, *manual-based* programmes such as DISA and SET were broadly advocated in public discourses suggesting they involved *evidence-based* methods for responding to the needs of young people.²⁹ Therefore I chose to focus my dissertation on the DISA and SET programmes. Furthermore, the DISA and SET programmes were marketed in particular by the National Institute of Public Health as well as by local public health agencies (e.g., Folkhälsoinstitutet, 2006, 2009; Karolinska Institutet, 2009), and they had come to be widely spread in the Swedish schools as a means to prevent mental ill health within the population (Jablonska and Heinemans, 2011; SBU, 2010). The studies referred to by these governmental agencies had made use of a quantitative methodology focused on measuring the programmes' *preventive* ef-

²⁹ For an overview of how governmental agencies in health and education advocated manual-based programmes, see Bergh and Englund (2014).

fectiveness. By studying these programmes using a qualitative methodology and a focus on what they entailed in students' daily lives 'here and now', I intended to broaden the knowledge on these programmes.

In the following sections, I will provide an overview of the empirical material, the methods used for gathering this material and the analytical procedures applied. The studies on DISA and SET were designed in two separate ways. In order to give a thorough account of each of these designs, I will start by describing the methodology of the DISA study and thereafter move on to outline the methodology of the SET study. I end the chapter with a discussion of the methodology applied and of the ethical considerations.

The DISA study

In order to explore the students' perspectives on DISA, an interview study was designed. When the dissertation was initiated, DISA was practised in five different schools in the municipality. DISA courses were held for girls in the 6th and 8th grade in the nine-year compulsory school (six DISA courses in total). In addition, one DISA course was practised in the 1st year of one voluntary upper secondary school. This course was terminated in advance, however, because the girls refused to attend DISA sessions. All of these students were invited to take part in the study.

Interview groups were composed of girls who had taken part in the same DISA courses. This choice was based on my interest in exploring each DISA course separately and in acknowledging possible variations and patterns between students' accounts of the DISA courses. Based on ethical considerations (see discussion below), individual interviews were conducted with the students who took part in the DISA course that was terminated in advance. These girls had rejected both the course and the group, which called for a more individual approach.

Gaining access

Initially I established contact with the DISA leaders to introduce the study. I was invited to visit DISA sessions to present the study for the students, hand out information letters, answer questions and discuss the concept of informed consent, confidentiality and how I intended to use the information shared during the study. Out of 65 DISA participants, 37 consented to take part in the study. In line with ethical guidelines, parental consent was obtained for all students under the age of 15 (Vetenskapsrådet, 2011).

The interviews

The empirical material consists of eight group interviews with 32 girls (aged 12-15) who participated in completed DISA courses and five individual interviews

with girls (aged 16-17) who participated in the DISA course that had been terminated in advance (see Table 1). To facilitate transcription and the analysis, all interviews were audio-recorded and all group interviews, except one, were video-recorded. The choice not to video record all interview groups was made to safeguard students' rights to choose whether or not to be recorded and the type of recording made (Vetenskapsrådet, 2011).

Table 1 Empirical material, Student interviews

Interviews	Number of participants	Age
Group interviews		
Group 1	4	8 th grade (14 years)
Group 2	4	8 th grade (14 years)
Group 3	3	6 th grade (12-13 years)
Group 4	5	6 th grade (12-13 years)
Group 5	3	6 th grade (12-13 years)
Group 6	3	6 th grade (12-13 years)
Group 7	5	6 th grade (12-13 years)
Group 8	5	6 th grade (12-13 years)
Individual interviews		
1	1	1 st grade (16-17 years)
2	1	1 st grade (16-17 years)
3	1	1 st grade (16-17 years)
4	1	1 st grade (16-17 years)
5	1	1 st grade (16-17 years)
Total	37	

All interviews were initiated with the question: What would you say DISA is? During the interviews, I asked the students to describe and give their views on the format and content of the course, whether they had been affected by the course in some way, what they appreciated about the course, what they found problematic, and whether they would recommend continuing the DISA intervention. In addition, they were asked about what they thought affected their well-being. The order in which these topics were discussed was adapted to how the conversation developed in the different interviews. Depending on what the girls referred to and stressed during the conversations, I posed different questions to further explore their accounts. The choice of this adaptive approach is based on the understanding that interviews often take unexpected turns and that seizing such opportunities becomes essential when exploring meaning-making processes and probing deeper into the issues discussed (Johnson and Rowlands, 2012; Morgan, 2012). The group interviews lasted approximately one and a half hours, whereas the individual interviews varied between 20 minutes and one and a half hours.

Interview transcriptions

Transcriptions do not represent transparent recordings of language-in-use. They are the result of ‘a process that is theoretical, selective, interpretive, and representational’ (Davidson, 2009, p. 37). The interview transcriptions are thus the result of a range of choices made by the researcher, choices that need to be accounted for to make the research process transparent (Ochs, 1979).

Each interview was transcribed verbatim in Swedish based on the transcript notation described in Table 2. In line with the purpose of the analysis, which was to explore meaning-making processes through interview talk, the spoken language was not edited to fit a written form but the focus was on trying to stay close to what the interview participants actually said (Rapley, 2015).³⁰ To help take body language (nods and gazes) into account, video recordings were made and gestures were noted in the transcriber’s comments in the transcripts chosen for deeper analysis. When excerpts were chosen for article production, they were translated into English. When translating the excerpts into English, the focus was on making the expressions understandable without changing the meaning of the spoken language; the translations were undertaken under the guidance of an authorized language editor.

Table 2 Transcript notation

(Text)	brackets with text indicate transcriber’s comments
(Name: comment)	brackets with name and comment are used for brief comments by other persons
F	capitals to indicate emphasis
<i>Overlapping talk</i>	italics to indicate overlapping talk
/.../	talk omitted from the data excerpt

The broader empirical material

To help take into account the complexity of this public health intervention (Jackson and Waters, 2004, 2005; Pawson et al., 2005) and bring to the surface the *discourses* drawn upon in the students’ accounts (Verkuyten, 2003; Wetherell, 1998), I collected a wide range of material about the programme (see Table 3). I collected programme manuals, information brochures and material on how DISA was marketed and explained by the programme designers. I conducted participatory observations of the course arranged to certify DISA instructors. During the observations, I took notes on what was taught and discussed during the teacher training. In addition, I conducted four interviews with the four DISA instructors who had been in charge of the DISA courses studied.

³⁰ See Chapter 3 for a further description of the theoretical and methodological understanding of interview talk applied in the dissertation.

Table 3 The broader empirical material

Programme manuals	DISA manual (Clarke et al., 1995/2010 (rev. ed.)). CWS manual (Clarke and Lewinsohn, 1995).
Additional documents explaining the programme content and intervention design	Cuijpers et al. (2009) Treutiger (2006) Treutiger and Lindberg (2012) Lewinsohn and Clarke (1984). Lindberg (2011) Merry et al. (2004, 2012) Radloff (1977)
Information brochures	Karolinska institutet (2009) Thomas et al. (2015)
Marketing	Karolinska Institutet (2009) Folkhälsoguiden (2006, 2015) Thomas, (2009-2015) Folkhälsoinstitutet (2006, 2009)
Participant observations	Field notes from a DISA instructor course
Interviews	Interviews with four DISA instructors

Taylor (2013) differentiated between various steps involved in selecting empirical material and selecting what will count as *data*. The latter refers to a range of decisions about whether the empirical material is approached as constituting ‘data’ versus ‘background information’ or whether all empirical material is viewed as part of the data. Furthermore, it involves decisions about the function of background information, whether it should be used to define the data and/or inform the analysis (Taylor, 2013). In line with the dissertation’s aim to explore students’ perspectives on DISA, the student interviews served as the ‘data’, while the broader empirical material served as background information to explore the aims and strategies of the programme and inform the analysis and situate students’ accounts within a wider discursive context.

The analytical procedure

As outlined in the previous chapter, I made use of a form of ‘critical discursive psychology’ (Verkuyten, 2003; Wetherell, 1998) to analyse the interviews. I found this discourse analytical approach useful, because it starts with an empirically grounded analysis of how the students, through interview talk, give meaning to DISA and their experiences of taking part in this programme. In addition, this discourse analytical approach situates students’ talk in a broader cultural and historical context and traces argumentative threads to help acknowledge how discourses are drawn upon, reproduced and transformed. The analysis of the empirical material resulted in two articles (see Article I, II). In the following

sections, I will clarify the analytical procedure applied in generating these research results.

After each interview, I took notes on my impressions of the interview. The analytical procedure was then followed by me reading and re-reading through the interview transcripts, listening to the sound recordings and looking at the video recordings. When analysing students' accounts, I focused on *what* the students spoke about when asked to describe their experiences of DISA, *how* they negotiated its meaning and form, and what their utterances *accomplished*. I searched for patterns of coherence as well as for inconsistencies and conflicts within the material. I formed tentative themes based on these patterns. The themes, together with a set of longer excerpts exemplifying each theme, were then discussed with my supervisors and in research seminars to advance and help assure the reasonability of my interpretations.

In order to contextualize the students' accounts, I made use of a close empirically grounded approach. This implied being guided by what the students themselves referred to in their arguments, and asking questions like 'Why is this utterance here?' and 'Why do their arguments make sense in this situation?' (Verkuyten, 2003; Wetherell, 1998). Based on these questions, I searched through the conversations to try to discover how students' accounts responded to accounts given by me as well as by other students. To make sense of the girls' arguments, the analysis of talk was followed by an analysis of how the aspects the girls referred to were explained in the broader empirical material.

This analytical procedure went forth and back and eventually resulted in two main themes being formed: one of which concerned the cognitive restructuring techniques applied in DISA (see Article I), the other self-disclosure in front of classmates (see Article II).

The first theme was formed based on a pattern seen throughout all of the DISA interviews. When the girls were asked to describe DISA, they all mentioned the programme's repeated focus on 'negative thoughts' and problems that had been associated with negative thoughts. Furthermore, the ways in which they rhetorically managed the issue, often distancing themselves, indicated a conflict of some kind. I analysed more closely how the girls formed arguments in these situations and how DISA was constructed through their arguments. When contextualizing their accounts in relation to the broader empirical material, I was struck by the mismatch between the official version of DISA and how the girls spoke about their experiences of DISA. The programme manual and programme designer explicitly stated that DISA was a preventive intervention – not a treatment – suitable for *general use* (DISA manual, Clarke et al., 1995/2010 (rev. ed.); Treutiger, 2006). The girls, however, spoke about DISA in terms of treatment for predefined problems that presumed a participant with a specific problem profile. Furthermore, I was struck by a paradox: while the girls talked about being ascribed low self-esteem through the course exercises, the marketing of DISA stated that the programme was a useful tool for strengthening girls' self-esteem. To make sense of these paradoxes, I analysed how the aspects the girls referred to were explained in the broader empirical material (pro-

gramme manuals, articles explaining the content of the manual and its theoretical underpinnings, the DISA instructor course, interviews with DISA instructors). I traced the paradoxes to the mixture of disciplines and ideological traditions that formed the basis of DISA (see Article I).

The second theme (self-disclosure in front of classmates) was formed based on two contradictory patterns seen in the interviews. When the girls talked about DISA they described that it was carried out in a group format and involved exercises in which they were supposed to *open up* and be *personal* in front of classmates they usually did not socialize with. I was struck by the contrasting meanings they ascribed these aspects of DISA. I analysed more closely how the girls formed arguments in these situations and the various meanings these phenomena were given. When contextualizing their accounts in relation to the broader empirical material, I analysed how these aspects were explained and what meaning they were given in texts describing DISA. I analysed how the meaning of these phenomena were transformed through text and talk and the conditions the students formed for their dualistic constructions (see Article II).

The SET study

To explore students' perspectives on SET, an ethnographic study was designed. Ethnography is characterized by the ambition to explore a social and cultural setting from within by engaging with this setting and its participants (Atkinson et al., 2001). It is a fruitful approach for exploring the daily lives of young people, how they, as social actors, negotiate the various circumstances they are subjected to and what implications these circumstances have in specific social and cultural contexts (James, 2001).

The SET study takes an ethnographic approach that combines methods (participant observations and interviews) to enhance the researcher's ability to gain insight into students' perspectives on what the programme entails in the social and cultural context of their school (Hammersley, 2006). A co-researcher and I carried out the participant observations, and I conducted all of the interviews.

Gaining access

When the SET study was designed, the municipality was implementing SET on a wide scale in the elementary schools. Principals and SET teachers had been contacted to help gain access to the research field, and the principal and SET teachers of the school chosen had shown interest in participating in the study and granted access. It was decided that the study would be conducted in one sixth grade class in this school, because these students had been classmates for several years and had taken part in SET classes for several terms.

I met the students, as well as their parents, to present the study, hand out information letters, answer questions, and discuss the principles of informed

consent and confidentially (Vetenskapsrådet, 2011). All 25 students consented to take part in the study, while parental consent was only obtained for 24 students. Consequently, the student whose parents did not consent was not in focus in the study.

Participant observations

In the sixth grade, social and emotional training were practised as a weekly SET class. We conducted participant observations of SET classes (14 lessons in total) on a weekly basis and of students' daily school routines on these days throughout autumn term 2010 (five months). To understand what was going on in the classroom as well as on the schoolyard, we combined observations of these different sites. Altogether the empirical material consists of 136 pages of field notes (see Table 4).

The observations focused on what characterized students' social interaction in this context and how the students negotiated SET elements in and outside SET classes. During the SET lessons, we were seated in the back and took notes on the topic of the lesson, how it was introduced by the teacher and responded to by the students as well as on what characterized their social interaction in these situations. We took notes on what was expressed and interpreted the mood in which it was expressed and responded to by other students (angry, happy, quietly, loudly, body language). The participatory observations enabled us to ask the students questions in connection with these activities, allowing us to gain further insight into these situations and into the peer cultures formed therein (see Chapter 3 for a description of the concept of 'peer culture' and the role it played in the study).

When the students were divided into groups during the SET lessons, we circulated through and took part in the different groups. Afterwards we took notes on what characterized the social interaction of these groups and the ways in which the students engaged in the various SET activities. When taking part in students' daily routines outside SET, we followed them around and took part in their activities when invited to do so. We took notes on what characterized their social interaction and how they negotiated SET elements outside SET.

The interviews

The SET interview material consists of notes taken from 24 individual interviews conducted in the beginning of autumn term and transcriptions from 14 individual and group interviews (audio-recorded, transcribed verbatim) (see Table 4).

Table 4 Empirical material

Participant observations	14 school days 136 pages of field notes
Interviews, round 1	24 individual interviews Approximately 30 minutes per interview
Interviews, round 2	7 individual interviews 40-100 minutes per interview 7 group interviews 2-4 participants per group, 18 participants in total 60-90 minutes per interview

The initial 24 individual interviews were conducted as informal conversations to start bonding with the students and initiate the focus on students' peer cultures and meaning making in relation to SET. For this reason, I chose to take notes rather than bring an audio-recorder. I asked the students to describe who they usually spend time with at school, if there was anyone they would like to spend more time with and why. The students were asked about whom they would regard as popular in the class and the reasons for these individuals' popularity. I asked them what they enjoyed doing during breaks and about their views on the SET lessons. Various follow-up questions were posed to enable adaptation of the conversations to what the students stressed and referred to (Johnson and Rowlands, 2012). The individual interviews together with the observations of students' actual interactions with classmates were applied to gain insight into students' peer cultures.

To further explore how the students gave meaning to the SET activities and to various situations observed in and outside of the SET classroom, I conducted additional interviews with all 24 students. For ethical reasons (see ethical considerations below), the interviews were carried out in a flexible manner, in that the students could choose to be interviewed individually or in groups (7 individual interviews and 7 group interviews in total). Group interviews involve sharing and comparing ideas to co-construct meaning (Morgan, 2012). From this follows that the group format could become a sensitive matter, which calls for careful group composition. The group interviews were conducted in small groups, and the students were asked individually whether there was someone special they would prefer being interviewed together with.

During the interviews, I asked the students to describe and give their opinions about the content and form of SET activities. I also asked them what they would say affects their well-being and to provide further information on specific situations that had caught my attention when analysing the field notes (e.g., inquiring about why they choose to sit quiet and not follow through with SET activities when paired up with classmates, and why disputes often arose when they were engaged in the four-square ball game during breaks). Different

follow-up questions were posed depending on what the students referred to and stressed during the conversations.

Interview transcriptions

Each audio-recorded interview was transcribed verbatim in Swedish based on the transcript notation described in Table 2. In line with the focus on students' meaning making through language-in-use, the transcriptions were not edited to fit a written form, but produced to stay close to participants' own expressions (Rapley, 2015). When excerpts were chosen for presentation in the articles, the excerpts were translated into English under the guidance of an authorized language editor. The translations focused on making the expressions understandable in English without changing the meaning of the spoken language.

The broader empirical material

A broader empirical material was gathered to help account for the complexity of the SET intervention (Jackson and Waters, 2004, 2005; Pawson et al., 2005) and bring to the surface the *discourses* drawn upon in students' accounts (Verkuyten, 2003; Wetherell, 1998). I collected the programme manual used in grade six, and material on how the programme was explained and marketed. In addition, I conducted participatory observations of the SET instructor training, in which I took notes on what was taught and the topics of discussions raised in coaching sessions with the SET teachers (see Table 5). In line with the aim of the dissertation, which was to explore students' perspectives on SET, the participant observations and student interviews served as the 'data', while the broader empirical material served as background information to inform the analysis and situate students' accounts within a wider discursive context (cf. Taylor, 2013).

Table 5 The broader empirical material

Programme manuals	SET manual (Kimber, 2001).
Additional documents explaining the programme content and intervention design	Kimber (2009) Kimber (2011) Kimber, Sandell and Bremberg (2008a, 2008b) Kimber and Sandell (2009)
Marketing	Bokus (2015) Folkhälsoinstitutet (2006, 2009) Kimber (2009-2015) Smakprov (2015)
Participant observations	Field notes from a SET instructor course

The analytical procedure

As outlined in the previous chapter, I use a discourse analysis approach to analyse how the students use language to give meaning to their experiences of taking part in SET. I also analyse the situated and wider historical discursive context of their descriptions and arguments (Verkuyten, 2003; Wetherell, 1998). Furthermore, I combine this approach with an analytical focus on how the students negotiated SET when participating in daily routines at school. The analysis of the empirical material resulted in two articles (see Article III, IV). In the following sections, I will clarify the analytical procedure used in generating these results.

The analysis has involved going forth and back between the observational field notes, notes from the initial interviews and transcripts from the later interviews. I focused on taking an actor-oriented perspective on SET and on the structures of significance in informing students' actions in and outside SET (Geertz 1973, 9-14; James, 2007). This involved analysing field notes and notes from the initial interviews to map out characteristics of students' peer interaction and peer culture (see Chapter 3). Furthermore, it involved analysing how the students engaged in, talked about and negotiated the various course elements and the resources they amassed to do so. In this process, I adopted *agency* as an analytical concept to acknowledge actions characterized by activity, e.g. participating in an activity, as well as actions such as being quiet, not moving and not taking part in actions created by other people (Gallacher and Gallagher, 2008). Furthermore, all students' actions were understood as rational in relation to the *context* in which they were produced (Warming, 2011). This involved asking analytical questions such as 'Why are the students making use of SET in this way?' and 'Why do their actions make sense in this specific situation?' (cf. Wetherell, 1998).

When analysing the interview transcriptions, I focused on what meanings were given to various SET activities and how the students formed arguments when talking about their experiences from SET. I specifically analysed students' arguments regarding the applicability of SET to managing issues of concern to the students themselves. In order to contextualize the interview accounts, I was guided by what the students referred to in these situations (Verkuyten, 2003) and posed questions to the material such as 'Why is this utterance here?' and 'Why does this argument make sense in this situation?' (Wetherell, 1998). I followed their arguments throughout the conversation and analysed how they were formed by utterances from co-participants and interview questions. Furthermore, I analysed how the aspects the students stressed and referred to during interviews, as well as centred on when negotiating SET in practice, were explained in the broader empirical material.

This analytical procedure went back and forth and eventually resulted in the identification of one major concern the students had in this specific context and how the SET programme in various ways affected this concern. This concern was found to be *having friends and being accepted in the peer group*. A central finding of the study was that the SET programme became part of stu-

dents' routines and efforts to negotiate peer relations. Altogether I identified three aspects of the programme that in various ways constrained and became resources that the students used to negotiate peer relations: the programme routines intended to engage students in group exercises in which they should be *personal in front of classmates*, the norm conveyed in SET *not to become angry and/or show anger* and the *neutral attitude* a SET teacher was instructed to maintain when teaching SET.

When analysing these aspects in more depth, I focused on the various ways in which the students handled these aspects of the programme and what their actions seemed to accomplish in this specific context. Furthermore, I analysed how the students spoke about these aspects of the programme during the interviews. I searched through the wider empirical material to explore how these aspects of the programme were explained there. I made use of the different empirical materials to analyse how the meaning of these aspects of the programme were reproduced as well as transformed.

Article III reports findings on what purposes the SET task of being *personal in front of classmates* and the norm conveyed by the programme *not to become angry and/or show anger* were found to serve in students' peer culture and how the meaning of these aspects of the programme was transformed through students' actions and accounts.

In Article IV, I provide an in-depth analysis of exchanges in one specific SET lesson that deals with how to handle being exposed to the negative actions of one's peers. This lesson was chosen for deeper analysis because of how it focused on an issue of central concern to these students (how to handle peer relations), while it, at the same time, illustrated the dilemmas associated with the *neutral attitude* the teacher is instructed to adopt when teaching SET. This article reports on the dilemmas this "neutral" attitude, and the means applied to uphold a neutral attitude, was found to create in practice in the specific social and cultural context of the school.

Methodological reflections

Children possess unique knowledge and experiences of their local worlds (James, 2007), and students' perspectives can help bring minority knowledge into the dominant discourses on students' social and emotional well-being in school (Watson et al., 2012). However, how students' perspectives are explored in research requires careful reflection (James, 2007). I will start by discussing how the studies were designed to generate knowledge on students' perspectives on DISA and SET and thereafter elaborate on the analytical procedure as well as on the choices made concerning how to represent students' accounts in the research articles.

Exploring students' own perspectives involves collecting information from the young people themselves (Halldén, 2003). This could involve an interest in gaining insights into the matters discussed from the perspective of the stu-

dents. It could also involve an interest in exploring specific matters defined by the adult researcher, who in this sense is seeking knowledge on students' perspectives by looking through a specific theoretical lens and interpreting their accounts as symptoms of something else (Näsman, 1995). The present studies were designed to generate knowledge on DISA and SET from the perspective of students. One way of accomplishing this was to employ open-ended interviews that provide space for students to describe their experiences and express their views on DISA and SET (Zetterqvist Nelson, 2012; Näsman and Gerber, 2003). In addition, I was careful to acknowledge what the students themselves made relevant during the interviews and posed questions to further explore these matters as well as to make use of the terminology and expressions introduced by the students.

However, while a study could be designed to provide opportunities for students to talk about their experiences and introduce subjects of concern to them, students might not necessarily use their agency in line with the researcher's intentions (Gallacher and Gallagher, 2008). This was something I became aware of during a number of DISA interviews. In the first two group interviews, the students initially chose to sit quietly and gave brief answers to my questions. Their answers contained objections to the content of DISA (see Article I). Furthermore, they indicated that they thought I was a DISA leader interested in testing whether they had made use of what they had been taught in the programme. To sort out this misunderstanding, I explained that I did not work with DISA, clarified that I was neither an advocate nor an opponent of the programme, but that my interest was in their perspectives on DISA and their experiences from taking part in the intervention. I then posed questions to further explore their objections to DISA. I found a gradual change in how these students approached me and my questions during the interviews, from initially hesitating and giving brief answers to giving longer descriptions and arguments, and shifting the focus of my questions to issues of concern to them. In the following interviews, I made use of this experience by clarifying from the start that I was not a DISA leader and I stressed that my interest was in their experiences of taking part in DISA and in their views on the intervention.

Moreover, the SET study had to be adapted to the agency of the students involved in the study. All SET participants gave their consent to take part in the study, but later on hesitated about whether they wanted to be interviewed a second time or not. I therefore adopted a flexible approach that allowed the students to choose to be interviewed individually or in groups; in addition they were given the option to be interviewed together with a friend if this felt more comfortable. This led to several students contacting me and wanting to take part in a second interview together with some friends.

Students' agency in the research encounter also formed the study in regard to how they made use of the different interview formats (group – individual) applied in the DISA and SET studies. The group interviews tended to be more dynamic: the students continued each other's sentences and developed each other's arguments. These interviews were characterized by the students

taking over the discussion, introducing new themes as well as shaping the interviews to a much greater extent than students did in the individual interviews. In the individual interviews, the conversation was more regulated by the questions I asked. However, individual interviews had the advantage of enabling more thorough discussion of sensitive issues concerning the group dynamic that emerged during the DISA and SET interventions (see Article II and III). The participants gave more detailed descriptions of problems related to participating in DISA and SET and why these problems arose.

On several occasions during the group interviews, the participants expressed opinions that contradicted those expressed by co-participants. These counter-opinions were commonly expressed after some discussion and sometimes while avoiding looking at each other and by lowering their voices (using protective actions, cf. Goffman, 1959). This was, however, not the case in all of the groups. In some groups, the students expressed opinions and counter-opinions more directly and seemingly without taking any defensive actions.

One quality criterion when presenting participants' voices in research is to show how they were produced in the research encounter and that they are 'acknowledged in their particularity' (James, 2007, p. 265; cf. Spyrou, 2011). Based on this, I chose not to present short quotations in the articles, but instead presented students' accounts within the context in which they were given – i.e. showing the questions asked and accounts given by co-participants.

Ethical reflections

The research process always takes place within a social and cultural context that shapes the research relationships constructed therein and thus needs to be acknowledged when considering the ethics of a study (Christensen and Prout, 2002). The present study was conducted in a school setting, which presented an opportunity to gain access to the programmes and their participants. However, the school constitutes a setting in which voluntary participation is seldom applied. This obviously posed an ethical challenge for a voluntary research project. To handle this ethical issue, I approached informed consent as a procedure that takes place throughout the research process (Christensen and Prout, 2002). When the study was initiated, all students were given the choice of whether or not to participate and informed of their right to terminate their participation at any time during the study. The same procedure took place at the beginning of each interview as well as during our observations.

When participating in students' daily routines at school, my co-researcher and I usually circulated around the school premises and were careful not to hide our role as researchers, but always visibly carrying our notebooks. Students approached us with questions about what we were doing there and why we took notes, and they often asked us to come sit next to them or join in their activity. These situations become opportunities to once again inform them about the

study, negotiate access and thus made ethics a ‘part of the ongoing, everyday process of the research’ (Christensen and Prout 2002, p. 493).

To recurrently and actively remind participants of their rights is essential in research encounters with young people who might find it more difficult to decline participation. While no students terminated their participation in the present studies as such, they sometimes choose not to answer a particular question. In addition, some students hesitated about being interviewed, but later on decided to take part when a more flexible approach was adopted (see methodological reflections above). Furthermore, a few students kept their distance to me and my co-researcher during our observations, and we were careful to respect this distance and await their invitation before taking part in their activity.

Another ethical matter of the study concerns how some students would mistake me for a representative for the programmes being studied. As previously stated, in order to deal with this ethical issue I informed them that I did not have a stake in the programmes, but that my interest was in their perspectives and experiences of taking part in these programmes.

Socio-emotional programmes such as DISA and SET deal with the psychological well-being of students and have been argued to cross the boundaries between private and public spheres (Dahlstedt, Fejes and Schönning, 2011). Interviewing these students about their experiences of the course could thus involve an ethical issue of invading students’ privacy. In order to minimize the risk of students feeling forced to share sensitive matters, the interviews were focused on students’ meaning making concerning the programmes as a whole. Furthermore, a main strategy to ensure that the students had a sense of control over their participation was to apply informed consent as an on-going procedure and to be attentive to and adapt the interviews to issues of concern to them. Another important comment to make with regard of this matter is that DISA and SET have become widely distributed in the schools in Sweden and are commonly practised without informed consent and voluntary participation (Jablonska and Heine-mans, 2011; SBU, 2010). By engaging with the students and seeking knowledge on their perspectives on these programmes and what they entail in the daily life at school, the study could help to ‘theorize and act on their understandings’ (James, 2007 p. 267).

Chapter 5

SUMMARY OF ARTICLES

Article I: “Apparently I’ve Got Low Self-Esteem”: Schoolgirls’ Perspectives On a School-Based Public Health Intervention

Sofia Kvist Lindholm & Karin Zetterqvist Nelson (2015) *Children and Society*. 29, pp. 473–483.

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This study is based on group interviews with 32 students from six DISA courses. In addition the empirical material consists of the programme manual and field notes from a DISA instructor course. The broader aim was to explore how the students describe and make sense of DISA and elaborate on the programme’s strategies and intentions.

The article starts off with the mismatch identified between the official version of DISA and how the girls spoke about the programme. The official version of DISA states that it is a *preventive intervention – not a treatment* – suitable for *general use* (DISA manual, Clarke et al., 1995/2010 (rev. ed.); Treutiger, 2006). The schoolgirls, however, spoke about DISA more in terms of *treatment* that presumed a participant with a *specific problem profile*. Furthermore, DISA is marketed as a programme that will *activate girls’ inner strength* (Thomas, 2015). According to the girls, however, the programme ascribed them low self-esteem. The present article aims to provide an in-depth analysis of this mismatch.

The article is divided into two parts, starting with a presentation of how the participants describe DISA and form arguments when talking about their experiences from the course. Thereafter, the strategies of the programme and its theoretical underpinnings are explored. The analysis identifies an inherent contradiction in the intervention design of DISA, which corresponds to the mis-

match found when comparing how the girls spoke about DISA with the expressed intentions of the programme.

The inherent contradiction identified in DISA is that the programme is dominated by techniques originally designed to help a depressed individual overcome his/her depression – whereas it is currently being practised using a universal preventive approach. This approach means that the programme is no longer offered to individuals experiencing depression, but instead targets girls in general – regardless of whether they are experiencing such problems. A problematic aspect of this contradiction was seen in how the interviewed girls described not being given the right to define their own problems. Instead they were expected to identify with and work to rid themselves of the problems defined for them through the DISA exercises, problems such as low self-esteem and negative thoughts.

The DISA programme is based on a manual originally designed as depression treatment. The theoretical base for the techniques practised in DISA is found in cognitive therapy (Beck et al., 1979). A starting point of cognitive therapy (ibid.) is that a depressed individual has acquired a dysfunctional way of conceptualizing and interpreting the world. The therapy is focused on helping these individuals re-structure their depressive, negative/irrational thoughts into more positive and rational thoughts about themselves and their surroundings, thereby helping them overcome their depression. In this vein, the DISA manual is dominated by cognitive re-structuring exercises in which participants are trained to search for negative thoughts, counteract negative thoughts, and change negative thoughts into positive thoughts. The manual instructs participants to ‘catch yourself thinking negatively at least once a day and try to “replace” that thought with a positive thought’ (DISA manual, Clarke et al., 1995/2010 (rev. ed.), p. 32, my translation). The aim of these techniques has, however, been reformulated from treating an already present depression to preventing the onset of one.

In the Coping with Stress (CWS) manual, these techniques are suggested ‘to permit them to reduce these negative cognitions, and thereby *overcome* their depression’ (CWS manual, p ii, my italics). When the manual was translated into Swedish to form the basis for the DISA intervention, this sentence was altered to ‘minska sina negativa tankar och på så sätt minskar risken för att *utveckla depression*’ (DISA manual, p. 3, my italics), which in English would translate back to allow them ‘to reduce their negative thoughts and by doing so reduce their risk of developing depression’. By using the words *risk* and *developing*, the intended transformation of treatment into prevention is highlighted (cf. Mrazek and Haggerty, 1994).

To clarify, DISA is dominated by exercises involving techniques designed to treat depression. The programme is, however, no longer offered to individuals experiencing such problems but targets girls in general to prevent them from developing depression. The programme designers of DISA explain how the reason for targeting girls as a group is based on the understanding that this group is at risk for developing depression and consequently is in need of a preventive intervention. Furthermore, this universal approach is suggested to help

circumvent stigmatizing effects as well as to provide a greater public health potential – e.g. create a potential for preventing more cases of depression in the population (Treutiger, 2006; cf. preventive paradox, Rose, 1992). DISA is thus not justified by the girls’ individual problems and needs in the present, but by a focus on preventing *potential* problems and promoting public health. The findings pinpoint a problematic aspect highlighted in public health interventions that entail individuals’ self-regulation, where individuals have to ‘face the task of having to monitor, regulate and change (that is refashion) themselves to avoid, modify, control and eliminate behaviours and situations deemed “risky”’ (Petersen and Lupton, 1996, p. 20).

The analysis of how the participants spoke about DISA demonstrates that they were faced with the paradox of having to identify with the problems conveyed by the programme manual. At the same time, their assumed negative thoughts were positioned as the source of their problems. Based on these findings, the article raises the question of ‘whether DISA, with its predefined problems and narrow problem definition, is counterproductive in that the intervention, in practice, reinforces stereotypical notions of girls as depressive and as having low self-esteem as well as reducing their health problems to a question of individual deficiency’ (p. 482).

The findings highlight ‘a need to compare the aims and scope of a programme with its executive content in order to identify possible contradictions, as these contradictions may be associated with several problems and dilemmas. However, it also indicates that contradictions may be difficult to identify when marketing does not highlight but rather hides them. Moreover, it shows that participants’ ways of making sense of interventions may help in identifying contradictions and paradoxes that are not identifiable using traditional evaluation approaches focused on outcome measures or by analysing compliance with a method’ (p. 482).

Article II: Schoolgirls’ perspectives on self-disclosure in a group-based mental health intervention at school: acquiring friends or risking harassment?

Sofia Kvist Lindholm & Karin Zetterqvist Nelson (2015) Schoolgirls’ perspectives on self-disclosure in a group-based mental health intervention at school: acquiring friends or risking harassment?, *Advances in School Mental Health Promotion*, 8:3, 141-155.

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<http://dx.doi.org/10.1080/1754730X.2015.1044253>

This article is based on group and individual interviews with 37 students from seven DISA courses. The focus of the article is on an aspect of DISA made central by the students when they talked about their experiences of the course. Taking part in DISA involves *group exercises* in which participants are expected to *open up* and be *personal* in front of their classmates, e.g. self-disclosure. The aim of the article is to analyse the practical and situated consequences of self-disclosure in school contexts.

When exploring the various ways students talked about the task of self-disclosure in DISA, two contradictory versions were identified. Some girls described a positive influence on group and other interpersonal relations. When explaining this positive influence, they described that they had been gathered in small groups with people they usually did not socialize with and how they, in this group setting, had been given the task of ‘opening up’, talking about ‘private stuff’ and talking about their ‘thoughts and feelings’. According to the girls, this allowed them to get to know one another better, start hanging out and become close friends rather than merely classmates.

Some girls, however, gave quite the opposite account of the same phenomenon. They described the DISA task of ‘opening up’, and talking about their ‘feelings and thoughts’ with classmates they normally do not socialize with as something entirely problematic. They pointed out that their self-disclosures in the DISA course were made public, in that the people taking part in the course could relate what they had said to others outside the course. In addition they argued that the group consisted of classmates who disliked each other. They argued that being classmates was not equivalent to being good friends. On the contrary, it could involve classmates exposing them to harassment and bullying. When taking part in exercises involving self-disclosure in front of classmates, they used ‘feeling safe’ as their guiding principle. In short, they constructed the DISA task of opening up and sharing thoughts and feelings as an impossible task in the school setting. Instead they suggested a different format: a ‘smaller group’ consisting only of people ‘you know the best’ or seeing the teacher/therapist alone to discuss matters of concern to them, such as bullying and harassment.

The article identifies the need to acknowledge the *complexity of the school setting* when practising school-based psychotherapeutic activities. The participants taking part in a socio-emotional programme are expected to participate actively and disclose information about themselves, as in psychotherapeutic interventions in clinical settings. In the school setting, however, the participants are classmates, people they will have to spend time with outside the course for a longer period of time, share breaks and other courses with far beyond the context of the programme. Furthermore, these interventions are commonly held during regular school hours, and principles of informed consent and voluntary participation are seldom applied. This becomes specifically important to consider, as bullying is a persistent problem in schools (Juvonen and Graham, 2014), and the fact that a group may contain peers who elsewhere exposing each other to negative actions must be acknowledged.

The results of the study suggest that self-disclosure in a group setting consisting of classmates could strengthen interpersonal relations, but that it may also be counterproductive by triggering already on-going destructive interactions such as bullying and harassment. Voluntary participation, group composition and paying attention to how members respond to one another and make use of the shared information are important criteria to consider. However, in order to meet these criteria, school-based psychotherapeutic activities need to challenge the tradition of practising highly structured interventions, and instead start paying attention to – and adapting to – how interventions are received and used by participants.

Based on the results of the study, specific conclusions regarding the DISA programme can be drawn. Participants' descriptions of their experiences of taking part in DISA drew attention to different components of DISA: both cognitive re-structuring techniques and self-disclosure with classmates. While many participants criticized the focus in DISA on changing their assumed negative thoughts as a means of making them feel better, they defined relational issues among peers as their real problems. Several girls argued that the course had had a positive influence on their interpersonal relations and promoted a feeling of belongingness in the group. The moments of self-disclosure with classmates were referred to as important in that regard. However, the positive experiences were linked to descriptions of *small groups* characterized by a positive and *accepting group dynamic*. An additional conclusion drawn from these results is that offering space at school for students to meet in smaller groups with classmates is important. However, providing students such an opportunity does not require a manual and a programme in which participants are supposed to engage in cognitive re-structuring techniques.

Article III: Students' Reproduction and Transformation of Norms Incorporated into a Programme for Social and Emotional Learning

Sofia Kvist Lindholm (submitted for publication)

The present ethnographic study focuses on a Swedish programme called Social and Emotional Training (SET) (Kimber, 2011). The study was conducted in the sixth grade in a Swedish elementary school in which social and emotional training was practised as a weekly SET class. The broader aim was to explore students' perspectives on SET as well as the programme's intentions and strategies. Altogether the empirical material consists of 136 pages of field notes, notes taken from 24 individual interviews and transcriptions from 14 individual and group interviews (audio-recorded, transcribed verbatim).

Programmes for social and emotional learning are based on programme manuals inspired by research and theory concerning emotional intelligence (see Gardner [1993] 2006; Goleman, 1995; Salovey, Mayer, and Caruso 2002). The programmes aim to foster children into becoming healthy and democratic citizens by teaching them a set of skills: self-awareness, managing emotions, empathy, motivation and social competence (Kimber, 2011). The present study departs from the theoretical understanding of socialization as a two-fold process involving cultural production and reproduction, a process in which children take part as social actors. Positioning students engaged in social and emotional training as *social actors* involves a shift in focus from students' private internalization of skills towards how students, through their peer interactions, participate in various forms of cultural production and reproduction (Corsaro 2005). As social actors, they can use their agency to reproduce as well as give new meanings to the norms, routines and values established by the programme (Valentine 2011). Furthermore, positioning students as social actors involves acknowledging that their agency is both enabled and constrained by the educational setting, the routines and norms conveyed by the programme as well as by their own emerging peer culture. As Corsaro (2005) reminds us, young people who spend time together in school form peer cultures that contain norms, routines and negotiations of students' social status, and these peer cultures regulate students' actions within this context. The aim of this article is to analyse how students reproduce and make use of SET to form their own moral orders and routines for interaction in their local school context.

The findings demonstrate how having friends and being accepted into peer groups were of central concern to the students. However, the study also showed that this was a constant struggle for some children. SET contains exercises in which the students are expected to open up and be personal in front of their classmates. The study showed how the students made use of this routine in SET to negotiate peer status. The analysis demonstrates how sharing personal information posed a risk of status loss for some students in the group – in the form of being 'laughed at' or being the object of rumours and name-calling – while for others using this information for making jokes was an opportunity to gain status and 'make better friends' in the peer group. Students who occupied a low social status in the peer group were found to have the most to lose by taking part in these exercises.

Students also made use of the SET norm suggesting that showing anger is an inappropriate behaviour. The programme designer of SET explains that learning to control one's strong emotions constitutes a key skill in SET (Kimber, 2011). The skill is meant to prevent aggression and violence and to promote children's mental health (Kimber, Sandell, and Bremberg, 2008a). However, the present study showed that the norm conveyed by the programme concerning the inappropriateness of anger was appropriated by the students and functioned as a way to justify negative positioning and exclusion of a boy who showed his anger in response to ill treatment. Previous ethnographic studies confirm this finding. The norm of not showing anger conveyed by social and emotional programmes

has been seen to legitimize exclusion of individuals categorized as ‘angry boys’ in the context of students’ peer interaction (Procter, 2013). This highlights what Gillies (2011) calls the ‘socially irresponsible approach’ brought about by programmes for social and emotional learning that focus on restraining one’s anger, while the circumstances that provoked the emotional response are overlooked. In this connection Claxton (2005, p.22) posed an important question: if we adopt this approach ‘will there be anyone left to ask hard questions about what is going on around us?’

The results reveal the need to critically scrutinize the norms and routines conveyed by programmes for social and emotional learning. The analysis suggests that rather than helping students handle their social interactions, in practice, the programme may achieve just the opposite. It jeopardizes their social relations, in that the programme’s content, form and promoted values become a means for students to maintain routines for negative positioning and exclusion of peers as well as for reproducing discourses of ‘blaming the victim’.

The present study highlights several weaknesses of the skill-deficit approach adopted by programmes for social and emotional learning. In everyday life at school, students are faced with problems not necessarily related to the individual’s ability to manage anger, but to the constantly on-going negotiation of peer relations, in which techniques of inclusion and exclusion are applied and norms of acceptance and rejection are at play (Corsaro, 2005; Svahn, 2012). Implementing a programme that strips emotions and behaviours of their meaning, and does not situate emotions within students’ actual social and cultural context, is highly problematic. As shown in the present study, it relocates the responsibility for dealing with socially and culturally situated problems, such as school bullying, to the individual – more specifically to the victim. Furthermore, it denies teachers the opportunity to respond to problematic situations that give rise to emotions of anger and that are formed in the social and cultural contexts at the school.

Article IV Social and Emotional Programmes at School: Manuals and Practice

Sofia Kvist Lindholm (submitted for publication)

This article is based on an ethnographic study conducted in a sixth grade class in a Swedish elementary school. The broader aim was to explore what SET entailed for the students in their daily lives at school and to elaborate on the programme’s strategies and intentions. The article starts by addressing a paradox identified in the SET programme. SET is focused on enhancing students’ social and emotional skills and deals with teaching students *appropriate ways of behaving*. However, at the same time, the SET manual instructs the teachers to

maintain a *neutral attitude* when teaching SET. The programme manual explains that a neutral attitude is accomplished by avoiding telling students what is right or wrong, but instead asking questions proposed by the manual and developing a discussion based on students' suggestions. The purpose of this article is to explore what this "neutral attitude", and the means applied to uphold a neutral attitude, accomplishes in practice.

The article provides an in-depth analysis of exchanges in a classroom context between the teacher and students and students themselves during a SET lesson focusing on how to handle being exposed to the negative actions of peers. This lesson was chosen for two reasons. It exemplified the problematic consequences this assumed neutral attitude was found to give rise to in practice. Furthermore, the lesson focussed on an issue of central concern to these students (how to handle peer relations).

The analysis demonstrates that the means applied in SET for upholding a neutral attitude – asking questions rather than more explicitly correcting students' performances – are not equivalent to remaining neutral. Instead, they involve using more implicit forms of authority to construct ideals of desirable behaviours, which reproduce the programme's focus on teaching students not to act out their feelings of anger. Furthermore, these desirable behaviours were arrived at by discussing *fictive examples* of negative actions, which entailed stripping students' suggested actions of their meaning and detaching students from the social and cultural context to which they belong. The findings highlight how the assumed neutral attitude – and the means applied to accomplish this neutral attitude – worked to reinforce particular moral stances and to categorize students in particular ways.

There is a *moral dimension* to the types of questions a SET teacher is instructed to pose. The findings highlight the need to take this dimension into consideration rather than just to assume the questions provide a means for upholding a neutral attitude. The analysis also demonstrates that asking questions rather than using more explicit ways of correcting students' behaviours gave rise to *public evaluations* of the suggestions made by students. In these situations, the questions served to highlight the inappropriateness of students' suggestions. Furthermore, the students were found to exploit these situations in order to negatively position and belittle peers. This indicates that the means a teacher is instructed to use to maintain a neutral attitude – when teaching students how to handle exposure to the negative acts of peers – gave rise to situations in which students carried out negative actions towards peers. Previous studies have shown that SET lessons could generate school bullying (Flygare et al., 2011). The present findings provide a foundation for understanding some of the mechanisms that could generate situations in which SET – contrary to its intention – becomes a means for bullying rather than a means for combatting bullying.

Chapter 6

Discussion

The dissertation set out to explore students' perspectives on DISA and SET as well as the programmes' intentions and strategies. I was interested in seeking knowledge on the discourses, theories and assumptions drawn upon in socio-emotional programmes, what circumstances they brought about, and how these structures both constrained and became resources when students negotiated the programmes in the specific social and cultural context of their school. Based on this broader aim of the study, three main questions have been answered: How do students make sense of DISA and SET and what do the programmes entail in their daily lives? What are the discourses, assumptions and routines DISA and SET bring into the school context? What implications does the study have for policy practise concerning how to promote students' well-being in school? In the following chapter, I will summarize the results and elaborate on how an exploration of students' perspectives on DISA and SET contributes to the knowledge on socio-emotional programmes practised at school. I will develop a critical discussion on the discourses, assumptions and routines the programmes bring into the school context, the constructions of well-being they offer and the positions they make available for young people. In the final section, 'beyond socio-emotional programmes', I conclude by making recommendations for policy practice.

Socio-emotional programmes based on a pre-defined problem profile

One important finding of the study is that the interventions led to problematic situations and paradoxical consequences for the students due to how the DISA and SET programmes presumed a participant with *a specific problem profile*. The problem profiles underlying the programmes were identified in the analysis of the participants' descriptions and accounts of their experiences of DISA and SET. All DISA participants talked about how the course was completely focussed on having them search for, identify with and work to rid themselves of negative thoughts and problems, such as being depressed and having low self-

esteem. This created a mismatch with the official ambition of DISA to be a preventive intervention suitable for general use, not a treatment programme for individuals (see DISA manual, Clarke et al., 1995/2010 (rev. ed.); Treutiger, 2006). The girls, nevertheless, spoke about their experiences of DISA more in terms of treatment that presumed a participant with a specific problem profile.

The girls' descriptions and accounts of DISA corresponded well with the content of the course and the problem definition expressed in the programme manual, including an inherent paradox regarding how to define the problem the programme aimed to prevent. The programme manual defines 'depressive, negative/irrational thoughts' as a significant reason for adolescents *being depressed* (Beck et al., 1979) (DISA manual, Clarke et al., 1995/2010 (rev. ed.), p. 3). Based on this problem definition, the programme manual is dominated by cognitive restructuring techniques originally designed to allow participants to reduce such negative cognitions in order to '*overcome* their depression' (CWS manual, Clarke et al., 1995 p. i-ii, my italics). When translated to Swedish, however, the clinical attributes were dropped and the aim of the cognitive restructuring techniques were instead expressed as preventive, suggesting that these techniques would reduce the girls' negative thoughts in order to '*reduce their risk of developing* depression' (DISA manual, Clarke et al., 1995/2010 (rev. ed.) p. 3, my italics). The girls' descriptions and accounts of DISA show how this shift is problematic – it was not up to the girls as course participants to define what problems they were having: The problems were defined for them by the course.

In addition, this paradox corresponds to how the intervention is structured. In line with a model used in behavioural therapy to make individuals aware of their problems, so that they will be ready to change their behaviour (see The Stages of Change Model, Prochaska and Velicer, 1997), the DISA course is structured in three stages: becoming aware, questioning and preventing. Through this structure, and the cognitive restructuring techniques applied, a DISA participant became a *clinical* subject — someone who needed to become aware of her problems and question her inadequacies. The analysis highlighted that the intervention brought with it expectations that the girls should identify with *already* having the very problems the programme was intended to prevent. At the same time they should search for the cause within themselves, this cause being their depressive negative/irrational thoughts. Based on these findings, I raised the question 'as to whether DISA, with its predefined problems and narrow problem definition, is counterproductive in that the intervention, in practice, reinforces stereotypical notions of girls as depressive and as having low self-esteem as well as reducing their health problems to a question of individual deficiency' (Article I, p. 482).

The findings discussed above demonstrate the inadequacy of applying a universal preventive approach – targeting girls in general *regardless of their individual needs or problems* – using a pre-defined programme with a narrow focus on identifying, counteracting and changing individual thoughts. While these particular findings concern the DISA intervention, previous research on how children's mental health and well-being are currently approached in schools

around the world indicates similar dilemmas. Graham (2015) argued that these interventions involve a narrow focus on young people's inner states. Her concern is the:

individualizing effect that such responses have and how this works to reinforce the perception that both the problem and solution lie inside the child's head, despite considerable evidence of the contrary (Graham, 2015, p. 28).

The universal preventive approach adopted in DISA is not an isolated phenomenon, but corresponds to how socio-emotional programmes for young people are currently practised. Several scholars have pointed out how these therapeutic interventions commonly adopt *universal preventive approaches* based on arguments that such an approach is less stigmatizing (Coppock, 2011; Wright, 2015). Wright (2015) clarified how these universal approaches involve the abandoning of past pathologizing practices in school in which young individuals were categorized as 'abnormal' and/or as 'a problem child' and consequently targeted with psychological interventions. Critical voices emerged, suggesting the need for a more positive approach in psychology, and at the end of the twentieth century psychological interventions adopting a universal approach were launched, intended to promote the mental health of all children (Wright, 2015). In a similar vein, the universal preventive approach chosen in DISA was a strategy intended to avoid the stigmatizing effects associated with targeted interventions (Treu-tiger, 2006). The present study highlights the problems associated with adopting this universal approach in psychologically based interventions. Although practised using a universal approach and presented as health promotion, the participating girls were able to perceive the clinical content of the course, with its underlying categorization of them as having problems of depressive negative/irrational thoughts, and a pathologizing effect appeared. The findings highlight that when a universal approach is adopted in combination with clinical content, it does not help in avoiding stigmatizing effects – on the contrary, it allows techniques designed for a *specific health problem* to be applied to a larger group *regardless of their individual needs or problems*. This contradiction between the clinical content/structure of the programme and its universal preventive approach is not brought out into the open in the DISA instructor course, or when the programme is marketed. As a consequence, the responsibility for dealing with this contradiction is passed on to the teachers and school-health personal given the task of implementing the programmes at school, and in the long run, to the students ultimately receiving them (Article I).

The contradiction between having a narrow problem definition in a program designed as a universal preventive intervention was also found in SET. When the students taking part in SET talked about their experiences of the course, it was the issue of becoming angry and showing anger they were expected to identify with and work to rid themselves of. They described being taught that they should avoid becoming angry and/or showing anger (Article

III). Their descriptions of SET correspond well with the content of the course. A theme that recurs in the 399 course exercises practised from preschool to upper secondary school is to learn to restrain one's anger (Kimber, 2011). The programme designer of SET explains that the skill is meant to prevent aggressiveness and violence and to promote children's mental health (ibid.; Kimber, Sandell, and Bremberg, 2008a).

An important finding of the study was how this norm constructed by SET – not becoming angry/showing anger – came to serve an important purpose in the students' peer culture, based on how acceptance, inclusion and exclusion were issues the students dealt with on a daily basis. The importance of having friends and having someone to spend time with in school, of not being left alone, was a matter expressed as central to the students. They pointed out how this was essential in order for them to enjoy and feel comfortable going to school. However, during my fieldwork I observed that for some students, getting and/or keeping friends and being included in a group of peers were a constant challenge. Furthermore, when analysing students' descriptions and accounts of these situations, I found that the norm conveyed by SET – that showing anger is an inappropriate behaviour – functioned locally as a way to justify exclusion and negative positioning. Students' accounts were reproducing norms and vocabularies in SET, describing a boy in the class as having *problems* with anger due to being easily provoked to anger, and they constructed this as a reason for targeting him with negative actions. This appropriation and reproduction also included students who were victimized, who claimed the lesson learnt in SET was 'not to get angry', and clarified that, for them, not getting angry meant trying to 'stay away from the people who usually bully me' (Article III).

The norm conveyed by SET, that anger is inappropriate, thus functions as a way to position the boy and his emotional responses as 'the problem', both in the accounts of his peers as well as in his own accounts (cf. Procter, 2013). This is in line with what Gillies (2011) calls the 'socially irresponsible approach' brought about by SEAL programmes (the British version of SET), in which the focus is on restraining one's anger, while the circumstances that provoked the emotional response are overlooked. These findings demonstrate the problematic mismatch of having a narrow problem definition and practising it in a local school context. In everyday life in school, students are faced with problems not necessarily related to the individual's ability to manage anger but to the constant on-going negotiation of peer relations, in which techniques of inclusion and exclusion are applied and norms for acceptance and rejections are at play (cf. Corsaro, 2005; Svahn, 2012). Thus, implementing a programme without situating and making use of the local context becomes highly problematic (Article III, IV). In addition, it relocates the responsibility for dealing with socially and culturally situated problems such as school bullying to the individual – more specifically to the victim. The students used this narrow focus of the programme to position the bullied victim as odd, and the bullying situations are accounted for by blaming them on the victim's oddness (cf. Teräsahjo and Salmivalli, 2003; Thornberg, 2015).

Another important finding of the dissertation in relation to this is that socio-emotional programmes such as SET and DISA are taught by discussing *fictional examples*. In the SET study (Article III, IV), I observed how this allowed behaviours and emotional responses, such as getting angry and showing anger, to be decontextualized and separated from the social and cultural context within which they were formed. In addition, it allowed the construction of a norm suggesting that strategies of withdrawal are suitable responses when one is exposed to ill treatment by one's peers (Article IV). The findings demonstrate the need for any intervention to take the complexity of the school context into account and start adapting to the actual problems experienced by the young people in their own social and cultural contexts.

Problematic consequences – but under what circumstances?

The DISA and SET interventions were thus found to have several problematic consequences for the students. The individualizing and pathologizing effects of psychologically based interventions have been a recurrent topic for critical discussion in policy studies inspired by a governmentality perspective and theories regarding therapeutic culture (e.g., Bartholdsson, Gustafsson-Lundberg, and Hultin 2014a; Coppock, 2011; Ecclestone and Hayes, 2009; Graham, 2015; Gillies 2011; Gunnarsson, 2015). A key point of criticism has been the narrow focus of psychologically based interventions on internal and emotional life and self-regulation, suggesting that this focus reduces complex problems to assumed skill deficits and results in pathologizing effects (*ibid.*). The present dissertation confirms this critique. But it also expands and nuances it. The participant- and process-oriented methodological approach demonstrates different dimensions of both *how* and *when* such narrow problem definitions and techniques, focused on changing individual thoughts and emotional responses, have problematic consequences.

It is important to acknowledge that the focus of DISA and SET on teaching students to manage their depressive negative/irrational thoughts or anger is not *inherently* problematic. For individuals experiencing such depressive negative/irrational thoughts, learning to manage them may be helpful. Likewise, individuals who use their anger to hurt others may very well gain from learning techniques to manage anger and calm down. To cite Wright (2008, p. 326) 'Without resorting to an overly optimistic position, it is possible to challenge excessively negative interpretations' – since – 'Therapeutic culture cannot be adequately understood without consideration of the problem of suffering.' Hence, when a focus on internal and emotional life and self-regulation techniques are applied in interventions offered to individuals suffering from such problems, this narrow focus could be beneficial.

What this dissertation demonstrates, however, is that making use of a predefined problem definition that narrowly focuses on individual self-regulation of thoughts and emotions becomes problematic when the intervention

is practised using a *universal preventive* approach – as is the case in socio-emotional programmes such as DISA and SET. This universal preventive approach implies practising the intervention with young people in general *without taking individual differences, problems and needs into account*. In other words, when combining a narrow pre-defined problem definition with a universal preventive approach, techniques designed for a specific problem can be practised with students in general regardless of whether or not they are experiencing such problems or are in need of the skills practised in the programme. Furthermore, when the self-regulating techniques were practised as prevention, *fictive examples* were applied. This added to the problem, because it allowed the construction of desirable and undesirable thoughts, emotions and behaviours without situating them in the specific social and cultural context to which the students belong.

The study highlights how the intervention design of DISA and SET – which involves adopting a *universal* approach in combination with applying a *pre-defined* problem definition focused on changing participants' thoughts and emotions assuming it will *prevent* them from developing mental ill-health – is a paradoxical design. The design assumes a specific problem profile, which the participants had to engage with, while at the same time ignoring their real problems in social life at school.

This intervention design is not an isolated phenomenon seen merely in the DISA and SET interventions. On the contrary, it characterizes socio-emotional programmes practised in schools and is based on the assumption that this approach allows 'mental immunization', while at the same time avoiding the pathologizing and stigmatizing effects of past psychologically based interventions in a school setting (Wright, 2015). In order to make sense of this problematic intervention design and the paradoxes it entailed for the students, I focus on what Petersen and Lupton (1996) referred to as the *expert discourses* that form the structure of public health interventions. Previous sociological and educational studies have scrutinized socio-emotional programmes based on a governmentality perspective and theories regarding a therapeutic culture in society (e.g., Bartholdsson, Gustafsson-Lundberg, and Hultin, 2014a; Dahlstedt, Fejes and Schönning, 2011; Ecclestone and Hayes, 2009; Gillies, 2011). While this field of research has made an important contribution to the knowledge base, it has failed to shed light on the broad array of expert discourses drawn upon in socio-emotional programmes. In the next section, I discuss the mixture of disciplines and ideological traditions that form the basis of the problematic intervention design found in DISA and SET.

A mixture of disciplines and ideological traditions

Socio-emotional programmes such as DISA and SET have been formed within the multidisciplinary science- and policy-driven practice of *public health* (Kimber, 2009; Lindberg, 2011; Treutiger, 2006). Although unified in its mis-

sion to maintain and improve the health of the population (McMichael, and Beaglehole, 2009), public health is constituted by a diversity of disciplines, ideological traditions and agents, which Tones and Green (2006, p. 2) referred to as ‘rival groups of theoreticians, philosophers and practitioners’.

Broadly speaking, three different strands can be seen to co-exist within policy initiatives undertaken to respond to the health needs of the population: clinical medicine (engaged in treating diseases and illnesses), prevention (engaged in reducing risk factors for ill health) and health promotion (engaged in strengthening factors that contribute to well-being). Although these strands are often intertwined in public health interventions, they draw on different *ideological* standpoints and ideas on how to define *suitable* participants (Tones and Green, 2006). In the following sections, I will start by clarifying these differences before discussing how they provide the key to making sense of the problematic intervention design applied in DISA and SET.

Public health emerged from clinical medicine. One conflict that contributes to shaping and reshaping the field of public health is whether or not it should be influenced by, or distanced from, a medical model that has dominated twentieth-century policy initiatives. A main concern is that the medical model focuses on *ill health* rather than on well-being, is based on *individualism* and tends to ignore the environmental, social and economic determinants of health (Medin and Alexandersson, 2000; Tones and Green, 2006). In this vein, clinical medicine and the preventive model have faced critique because they focus on *pathology* and *individualism* – neglecting broader social and structural determinants of health, consequently resulting in tendencies to blame the victim (Medin and Alexandersson, 2000; Tones and Green, 2006). Against this backdrop, *health promotion strategies* were called for that could direct the focus towards *well-being* – rather than ill health, and towards the broader determinants of health (cf. determinants of health, Dahlgren and Whitehead, 1991) – rather than towards individual responsibility. To signify such a change the term ‘The New Public health’ was coined (Tones and Green, 2006, p. 3, 21-22; cf. Petersen and Lupton, 1996). The ideological standpoints of this shift are important to acknowledge, because they imply that when a public health intervention is presented as *health promotion*, it signals that a holistic approach to conceptualizing health has been adopted and that the pathologizing, individualizing and victim-blaming tendencies of the old school public health have been cleared away.

In treatment, prevention and health promotion, different means are applied to identify *suitable participants*. In treatment, the intervention is designed for a specific health problem and a recipient who is commonly seeking help because he/she is *experiencing* this problem. In prevention, the aim is to keep a health problem from occurring, and recipients are targeted because they have an *expected risk* of developing such a problem (Mrazek and Haggerty, 1994). In health promotion, the aim is to create conditions that are supportive of well-being and enable people to increase control over their health (Medin and Alexandersson, 2000; Tones and Green, 2006; WHO, 2009, p. 1). Since health promotion focus on well-being rather than on ill health, the need to match partici-

pants with a specific health problem is no longer assumed and, consequently, *universal* approaches are adopted (Weare, 2010).

The two points made above become central when trying to make sense of the problematic intervention design applied in DISA and SET– because DISA and SET combine prevention, treatment and health promotion in a specific way. The universal approach characterized by *health promotion* is seen in how socio-emotional programmes currently are practised in schools around the world for young people in general regardless of their individual needs or problems (Coppock, 2011; Wright, 2015). Nevertheless, this universal approach does not imply that the programmes no longer focus on ill health. The programmes still focus on ill health – more specifically they focus on *preventing students* from developing potential problems (e.g., depression, substance use, aggressiveness and aggressive behaviour, Treutiger, 2006; Kimber, Sandell, and Bremberg, 2008a, 2008b; Kimber, 2009). A *treatment* focus is seen in the pre-defined problem definitions, which focus on the individual and his/her thoughts/emotions/behaviours as a reason for and solution to their mental ill health. Based on such problem definitions, the programmes make use of techniques of treatment through self-regulation (i.e., work to rid oneself of compulsory negative thoughts or anger) (DISA manual, Clarke et al., 1995/2010 (rev. ed.); SET manual). Hereby, a focus on pathology and individual responsibility – i.e. the characteristics of old school public health (cf. past psychologically based interventions in school, Wright, 2015) – is still evident in the programmes. However, the programmes are presented as health promotion and practised using a universal approach.

Following what Coppock (2011) refers to as a ‘normalising process’ among psychologically based programmes – moving away from a medical model and adopting non-clinical terminology – in the marketing of DISA and SET, the clinical attributes have been dropped and the programmes are presented as *health promotion*. By drawing on a *strength-based/empowerment discourse*, it is suggested that the programmes equip young people with the skills necessary to be ‘*strengthened*’ and ‘*enabled*’ to take control over their health development in ‘a positive way’ (Kimber, 2015; Thomas, 2015).³¹ The problem associated with this “re-make” is visible in the marketing of DISA and SET, in that it signals a shift towards *health promotion* and a holistic approach to health, a shift that has not actually taken place. Hence, the adoption of health promotion terminology signals that the pathologizing, individualizing and victim-blaming tendencies of the old school public health have been cleared out, when in fact they have not.

To sum up, the use of a health promotion discourse and a universal approach characterizing health promotion works to allow these contradictions to be formed within the interventions, where techniques designed to deal with specific problems are being practised with young people in general regardless of their

³¹ The change in the name used for marketing DISA shows how this “re-packing” of the programme from treatment into health promotion was done. Originally an acronym for ‘Depression in Swedish adolescents’ (Treutiger, 2006), DISA is currently marketed and presented to the participants as an acronym for ‘Din Inre Styrka Aktiveras’ (Activate your inner strength) (Thomas, 2015; DISA student manual, 2010).

individual needs or problems. In other words, the study demonstrates that when techniques designed to deal with a specific health problem are applied based on a narrow pre-defined problem definition – practised with an aim of *prevention*, but the participants are chosen based on the notion of it being a *health promotion* activity (practising it for everyone regardless of their individual needs or problems) – the pathologizing and individualizing practices of old school public health (cf. traditional psychologically based interventions, Wright, 2015) are reproduced in the schools. The young people, and in some cases specifically girls, are trained to search for and work to rid themselves of presumed cognitive, emotional and behavioural deficits, all while the interventions in the public discourse are described as *empowering* young people. Wright (2015) raised the question of whether the *universal preventive* approach adopted by socio-emotional programmes in school:

[has] led to a diminishment of the individualizing and dividing practices of categorization and the tendencies towards pathologization in educational psychology in the past. Or whether these practices have simply re-emerged, albeit in a rather different guise, in the form of well-being discourses (Wright, 2015, p. 215).

Based on the present findings, my answer to this question would be that they have simply re-emerged, and the fact that they draw on well-being discourses (i.e. are presented as health promotion), only further contributes to the problem. The interventions no longer target ‘a problem child’ or an ‘abnormal child’, but in line with the universal approach of health promotion they target girls or young people in general. This does not imply, however, that the individualizing and pathologizing practices have vanished – on the contrary, now they are intended for a much broader target group, positioning girls in general or young people in general as the ‘problem child’ (cf. Gunnarsson, 2015). In this way, contradictions are produced in the interventions, and the young people are faced with paradoxes such as not being in charge of the definition of their own problems, having to deal and identify with predefined problem profiles and having work to rid themselves of these problems, while at the same time leaving their actual problems aside.

In the next section, I will clarify how the present dissertation may inform policy practice by turning to how expert discourses define young people as being in need of socio-emotional programmes such as DISA and SET. I will make use of the concepts being and becoming, and well-being and well-becoming to clarify what the dissertation adds to the research in this area.

Well-being – well-becoming

The wide distribution of socio-emotional programmes is underpinned by expert discourses assuming a crisis in young people’s mental health and suggesting that young people are in need of these interventions (e.g., Merry et al., 2012; Treu-

tiger and Lindberg, 2012; cf. Patel et al., 2007). I would argue that the key to making sense of the mismatch seen in DISA and SET, in which the focus is on preventing potential problems such as depression and aggressiveness rather than responding to young people's experienced problems 'here and now', lies in how young people's health reports are reframed by expert discourses.

As outlined in Chapter 2, research on young people's mental health has foremost been based on young people's self-reported (ill) health. These studies show that the majority of young people rated their well-being as good, or very good, while at the same time especially older teenagers and particularly females reported problems such as feeling low, irritated, experiencing bad temper and trouble sleeping, etc. (Petersen et al., 2010) The expert discourses suggesting a crisis in young people's mental health, however, seldom mention the fact that the majority of young people report good or very good mental health (Coppock, 2011). In addition, the specific problems reported by young people are re-labelled as 'depressive symptoms' or as 'internalizing' or 'externalizing' symptoms of mental ill health and presented as indicators of future problems such as depression, substance use, criminality, etc. – problems argued to constitute major public health issues that require preventive measures to be taken in the schools (see Merry et al., 2012; Kimber, Sandell and Bremberg, 2008a, 2008b; Treutiger and Lindberg, 2012). Here, a shift has taken place in which young people's well-being reports and self-reported problems are translated into potential future problems – a shift from young people's self-reported problems towards adults concerns about what this may indicate for the future. It involves a shift in focus from the *well-being* of young people towards the *well-becoming* of young people.

As explained by Ben-Arieh, 'in contrast to the immediacy of well-being, well-becoming describes a future focus (i.e. preparing children to be productive and happy adults)' (Ben-Arieh, 2008, p. 10; cf. Ben-Arieh and Frønes, 2011). This future focus is not necessarily problematic. But when it overrides a focus on the present – which commonly is the case in the literature on young people's well-being – it becomes problematic (ibid.). The problem lies in how young people are positioned as 'becomings': targets for the health development of the population – at the expense of seeing them as beings.

This problem is embedded in the predominant research approach applied to measuring young people's mental health (Ben-Arieh, 2008; Ben-Arieh and Frønes, 2011; Liegghio, Nelson and Evans, 2010). Liegghio, Nelson and Evans, (2010) indicated that the research dominating the field of young people's mental health is occupied with classifying children and youth as having mental health issues or being 'at risk' for mental disorders; they clarified how this involves adopting screening scales that focus on establishing the prevalence of disorders such as depression and the *risk factors* for such disorders (see also, Bremberg and Dalman, 2015). Thus, young people's well-being reports and self-reported problems 'here and now' are being translated into symptoms of pathology and indicators of potential problems. In this vein, when measures of young people's mental health is used as a basis for intervention practice, the problems and con-

cerns of children and youth today are conceptualized and approached as indicators of *potential* future problems for the becoming adult society (Liegghio, Nelson and Evans, 2010; see also Coppock, 2011).

The findings of the present thesis highlight how this dominant approach to conceptualizing and responding to young people's mental health is highly problematic. In line with previous studies on young people's mental health, the findings suggest a need to shift focus from young people's *well-becoming* to young people's *well-being* (e.g., Ben-Arieh, 2008; Ben-Arieh and Frønes, 2011). In contrast to health promotion discourses suggesting a focus on positive health in order to avoid the problematic consequences of old school public health, this dissertation demonstrates that this shift not only needs to incorporate 'positive' health (e.g. well-being) – but in addition young people's experienced problems 'here and now' *without* rephrasing them into mere indicators of potential public health problems. While the present dissertation highlights the pathologizing effects of socio-emotional programmes such as DISA and SET, it does not suggest that young people do not have problems or that they are not in need of help. In the next section, I will shift my focus to problems identified by the students, based on their own perspectives.

Peer relations and self-disclosure

When the students were asked what they would say affected their well-being, none of them mentioned negative thoughts or anger issues. Instead they talked about problems with peer-relations, such as not being accepted in a close group of friends or being exposed to laughter, name-calling, harassment and bullying by peers. The students commonly associated 'feeling well' with 'having friends' and with being 'allowed into the group', and as previously mentioned, they pointed out that having friends at school meant feeling safe and comfortable going to school and getting support when they needed it (Article II, III). In other words, the students transformed the narrow problem definitions of the programmes, in which an individual's thoughts or emotions are seen as the cause of problems, and instead positioned peer relations at the centre of their problems and well-being. This finding confirms previous research on young people's perception of mental health, in which they have been found to describe social factors, such as having friends, as the most important factors for their well-being (Armstrong, 2000; Johansson, Brunberg and Eriksson, 2007; Landstedt, Asplund and Gillander Gådin, 2009).

An important finding from the present studies is that the programmes were found to influence student's peer relation because both DISA and SET involved the task of 'opening up' and being 'personal' (e.g., self-disclosure) in a group setting consisting of classmates (Article II, III). I will now turn to summarizing and further elaborating on these findings.

Self-disclosure in front of classmates: a potential for friendship – a source of harassment

Taking part in DISA and SET involves discussing fictive examples, but also opening up and talking about oneself in relation to these examples. Within the DISA and SET programmes, this task of self-disclosure is not made into an issue, but handled by having students sign a statement ensuring or promise each other professional secrecy. Furthermore, the programmes make use of a principle called ‘pass’, in which the students are given the choice to sit quietly if they wish to. At the same time, they are encouraged to take part, and the function of the exercises builds on dialogue and as such is based on them taking part (see DISA manual, Clarke et al., 1995/2010 (rev. ed.); SET manual, Kimber, 2001; Kimber, 2009). For the students, however, the task of opening up and being personal in front of classmates became a sensitive matter (cf. Hultin, 2015).

The students pointed out that the exercises not only involved the task of self-disclosure, but more importantly they involved self-disclosure *in front of classmates* – classmates they did *not* necessarily consider their *friends*. The students stressed that being placed in this situation was risky (Article II, III). The distinction made by the students between being friends and being classmates corresponds to sociological theories on school interaction, which suggest that being classmates and being friends are two different types of social relations (Corsaro, 2005). Corsaro pointed out that at school young people become peers but not necessarily friends, because being friends signifies a voluntary and mutually chosen relationship with closer ties. Being classmates therefore does not automatically imply being friends (ibid.). Practising a programme involving self-disclosure involves crossing the boundaries between the private and public spheres. As highlighted in the students’ accounts, in the social and cultural context of their school, where they strived for acceptance, friendships and being included in peer groups, the task of opening up and being personal in front of classmates became a sensitive matter because it affected their peer relations. The DISA and SET studies (Article II, III) revealed different aspects of this phenomenon.

In the girls’ accounts of DISA, two different perspectives emerged concerning the task of opening up and talking about personal feelings and thoughts in front of classmates. Some girls described it as something positive. It had allowed them to get to know one another and become friends rather than merely classmates. Their accounts are in line with psychological theories, suggesting self-disclosure generates likeability and intimacy and creates potential for close interpersonal relations (Collins and Miller, 1994; Voncken and Dijk, 2013). Nevertheless, in the girls’ accounts, such a positive experience required specific conditions such as *smaller groups* consisting of classmates who were *trustworthy*, *accepted* everyone and showed an *interest* in what was shared in the group. By conditioning the positive experiences, the girls drew attention to the fact that a group consisting of classmates was not necessarily equivalent with a trustworthy and accepting group. The same argument was used as a starting point by

other girls, who suggested that the DISA task involving self-disclose in front of classmates was entirely problematic. In their arguments *feeling safe* was used as the guiding principle, and this required group members who *knew each other well* or were *close friends* rather than a group consisting of female classmates in general. They described how when they were talking during DISA sessions, some of their classmates used to sigh and put their heads in their hands. Furthermore, they pointed out that their classmates sometimes spread talk around and demeaned their peers. Thus, following through with the DISA task that involved opening up and talking about their thoughts and feelings in front of classmates entailed a risk of being victimized. These accounts are in line with social theories of interaction, which indicate that how individuals present themselves in front of others influences how others perceive, evaluate and treat them (Goffman, 1959; Leary and Kowalski, 1990). In summary, the study showed that the DISA task of self-disclosing in front of classmates could have the potential of girls becoming friends rather than classmates, while at the same time pose a risk of triggering already on-going destructive interactions, such as bullying and harassment (Article II).

The two contrasting versions of self-disclosure – as creating both the potential for friendship and the risk for harassment – were also found in students' accounts of SET. The SET study, however, gave a more complex perspective on how, for whom and by what means the task of self-disclosure in front of classmates brought the potential for friendship or triggered negative acts towards peers. It showed that the consequences of self-disclosure were not random, but depended on the students' social positions within their peer groups and on the routines the students used to gain acceptance and status among themselves.

Students who were observed to hold obvious membership in peer groups talked about the task of self-disclosure in front of classmates as an easy one, whereas less popular students talked about it as an impossible task. These contrasting discourses highlight how the task of self-disclosure in front of classmates may be rather unproblematic for some students, but pose a risk to others who occupy a low social position in the peer group (Article III).

An important finding was that the SET task of self-disclosing in front of classmates became part of the everyday routines developed by the students to negotiate peer relations, social status, and friendship alliances. I found that the students used jokes as a routine to accomplish inclusion and exclusion of peers and negotiate social status and that the task of self-disclosure in SET became part of this routine. For less popular students, sharing personal information posed a risk of status loss in the form of being laughed at or being the object of rumours and name-calling. However, at the same time, using information shared by other peers to make jokes became an opportunity to gain status and *make better friends* in the peer group. The consequences of the task of self-disclosure in front of classmates were thus influenced by which purpose *making jokes* served in the students' peer culture. As explained by a student: 'you have to have funny jokes about other people /.../ If you're a funny person then it's easier to make

better friends. So it's about being funny, in our class it's only about being funny' (Article III, p. 8).

During my observations of the SET lessons, I found that students often chose to sit quietly while the teacher tried to encourage them to take part. When students were asked about these situations, they said that the SET exercises involved self-disclosure with classmates who usually exposed them to negative acts such as name-calling, teasing, laughing at their expense, etc. To take part, open up and share your thoughts and emotions in this context therefore entailed the risk of providing classmates with information and opportunities to demean them. They said that being quiet or even making things up served as a means of protection.

One conclusion drawn from the SET study (Article III) is thus that the task of self-disclosure jeopardized students' peer relations because it became part of students' everyday routines for gaining acceptance, status and inclusion in the peer group, while at the same accomplishing exclusion and demeaning of peers. In this context, victimized peers – students in most need of help with handling their social relations – were found to have the most to lose if they followed through with the SET exercises.

These findings call into question the use of self-disclosure in group-based interventions consisting of classmates. The findings highlight the need to acknowledge that these activities are practised in the social and cultural context of a school. The students are classmates, social actors who will make use of the task of self-disclosure to negotiate peer relations, social status and inclusion and exclusion of peers. While activities involving self-disclosure in front of classmates have the potential to strengthen students' peer relations – helping them become friends rather than classmates – the findings demonstrate that this potential is not distributed on equal terms. For students who occupy a low and vulnerable social position in students' peer groups, the task of self-disclosure in front of classmates may very well become a source of victimization.

The policy initiatives recommending implementation of socio-emotional programmes in schools refer to the school as an 'important', 'natural' and 'obvious' setting for these activities (Socialdepartementet, 2007; Socialstyrelsen, 2009; Folkhälsoinstitutet, 2006). For example, the programme designer of SET argued:

since almost all children go to school, spending up to 20 000 hours during their schooling (Bremberg, 2002), the school is an obvious potential arena for universal interventions at young ages. (Kimber and Sandell, 2009)

The present thesis, however, highlights the need to start acknowledging that schools constitute a *complex setting* with specific structures – a place where young people are brought together for longer periods of time. They become *classmates*, which signifies a non-voluntary or non-mutually-chosen relationship, but nonetheless a relationship they have to deal with for an extended period of time. In this context, students negotiate peer relations, establish friendships, status and establish routines for inclusion and exclusion of peers (Corsaro, 2005;

Procter, 203; Svahn, 2012; Article III). Thus, for the students expected to take part in exercises involving self-disclosure, there is a great deal at stake. These aspects need to be acknowledged when considering using the school as a setting for activities involving self-disclosure. Rather than considering the school as an *obvious setting*, policy initiatives need to acknowledge the complexity of this setting and the different conditions faced by students in the social and cultural context of the school.

Regarding practising activities involving self-disclosure in front of classmates, the findings suggest several criteria that need to be considered, such as voluntary participation, group composition and paying attention to how members respond to one another and make use of the private information shared (Article II). However, these criteria also highlight the problematic aspects of using the school as a setting for such activities, because the school has a tradition of practising *mandatory participation* and class structures with *pre-defined group composition*. Furthermore, the task teachers are then given – to pay attention to how members respond to one another and make use of the private information shared in programme sessions – is a rather difficult one, because the students are not only engaged in these specific sessions but share breaks and other lessons together. How students make use of their peers' self-disclosures when negotiating peer status and inclusion and exclusion in peer groups may thus be hard to survey. Nevertheless, the present study demonstrates that if the choice is made to practise activities in school that require students to open up and share private matters in front of classmates, this is a task teachers must be ready to shoulder and the school tradition of mandatory participation and fixed group composition needs to be challenged.

The phenomenon of self-disclosure found in DISA and SET could be traced to its roots in cognitive and behavioural therapy. Just as in therapeutic interventions practised in clinical settings, the participants taking part in DISA and SET are expected to actively participate and disclose information about themselves. However, one significant difference between therapy conducted in a clinical setting and a socio-emotional programme practised in a school setting is that in the school setting participants are classmates – peers they will have to spend a longer period of time with and share breaks and other classes with. Furthermore, in the school setting, the principles of good ethics applied in clinical settings, such as using informed consent and allowing participants to choose whether they wish to participate in the session, are seldom applied (SBU, 2010).

Another difference between a clinical setting and the school setting is the function of self-disclosure. In group therapy in clinical settings, self-disclosure has been found to serve an important purpose. Patients involved in group therapy often share the same problems. In such a context, having group members open up and talk about their thoughts and emotions bring with it a potential for recognition – for making them feel less alone with their personal problems (Corey, 2012). Just like group therapy practised in a clinical setting, DISA and SET are practised in group sessions and involve self-disclosure. However, an important difference is that the students are not brought together based on shared

problems focused on in the course, but the sessions are practised universally in a school context – hence with classmates regardless of their individual needs or problems. Furthermore, in DISA and SET, students are expected to disclose their thoughts and emotions when discussing *fictive* examples based on a pre-defined problem profile. These shifts have problematic consequences. When universally practised, a participant's self-disclosure is not necessarily the basis for recognition, but could on the contrary involve making an individual appear to be odd, as was observed in the SET study (see Article III, IV). The specific focus on pre-defined problems involved the construction of desirable and undesirable behaviours. When the group is formed without specific attention to students' individual needs and problems, those who express thoughts and emotions defined by the programmes as “the problem” become more visible and thus face the risk of being constructed as odd.

The present findings bring to the fore arguments presented in previous studies on socio-emotional programmes suggesting that such programmes involve what is termed techniques of ‘confession’ and the ‘conduct of conduct’ (Foucault, 1982). Dahlstedt, Fejes and Schönning (2011) pointed out how these therapeutic activities involve a type of dialogue in which students have to make their selves visible for inspection and evaluation in relation to behaviours deemed as desirable. Through these practices, students learn to reproduce ideals of desirable behaviours and regulate themselves as well as each other in line with the subjectivity constructed as desirable (see also Berg and Englund, 2014; Gillies, 2011; Axelsson and Qvorsebo, 2014). The present thesis both confirms and expands on these arguments. It confirms them by showing that both programmes involve practices in which students are expected to make their selves visible for inspection and evaluation and how this is accomplished through the task of self-disclosure incorporated into the programmes. Furthermore, the study confirms that these programmes involved the construction of desirable and undesirable behaviours and clarifies how this was accomplished through the use of pre-defined problem definitions in the programme manuals, where participants' thoughts and emotions were positioned as ‘the problem’ in need of regulation. Thus, managing one's anger and thinking positive thoughts were constructed as desirable behaviours, while thinking negative thoughts, showing anger and/or acting out one's anger were constructed as undesirable behaviours. But extending earlier research, the dissertation also showed that the students not only appropriated and reproduced the ideals of desirable behaviour, but also rejected, transformed and made use of the present circumstances in projects of their own. In other words, the students were social actors in the social and cultural context of the school, and in this context the programmes both constrained and became resources for them. As demonstrated in Article I, II, III and IV, in some cases the students appropriated the pre-defined problem definitions and in other cases rejected them, but also made use of them to negotiate peer relations and the status of peers. Hence, the findings confirm and expand on arguments presented in previous studies on socio-emotional programmes and highlight the need to acknowledge the regulative elements of these programmes and how they create

problematic positions for the students, but also to acknowledge that students are *social actors* who will make use of the programmes in the specific social and cultural context of their school.

To sum up, the thesis demonstrated that practising therapeutic activities in school that involve self-disclosure in front of classmates could have the potential to strengthen students' peer relations – making them become friends rather than classmates – while at the same time this practice may become a source of victimization. The possible potential of self-disclosure is not distributed across students on equal terms. Students who occupy a low and vulnerable social position in peer groups were found to have the most to lose if they followed through with the task of self-disclosure in front of classmates.

The findings demonstrate the need to move away from overly simplistic notions of the school as an *obvious* setting for psychotherapeutic interventions and to acknowledge that the school is a *complex* setting with specific structures (e.g., compulsory schooling, pre-defined group compositions, being classmates – which signifies a non-voluntary or non-chosen relationship, as well as a relationship they will have for a longer period of time) that entail different conditions for the young people who spend the lion's share of their time in schooling.

Furthermore, the study illustrates that socio-emotional programmes such as DISA and SET construct desirable and undesirable behaviours, thoughts and emotions, and encompass regulating elements that create problematic positions for the students. But it also acknowledges that students are *social actors* who will make use of such elements in projects of their own and in ways that make sense in their peer cultures. The findings of the study thus highlight the need to approach young people as *social actors* rather than approach them merely as recipients of socio-emotional programmes.

There is, however, an important distinction to be made here, because DISA and SET not only presume that students are the recipients of the interventions, but in fact also presume that students are social actors (see DISA manual, Clarke et al., 1995/2010; (rev. ed.); SET manual, Kimber, 2001). In both DISA and SET, different measures have been incorporated into the programmes to help promote students' agency. In order to clarify how the present findings can inform policy practice, I now turn to a discussion of how young people's *agency* is approached in socio-emotional programmes such as DISA and SET.

Different approaches to agency

The introduction of socio-emotional programmes in Swedish schools is part of an empowerment approach adopted in public health. Traditional public health interventions had been criticized for involving paternalism, in that they were characterized by top-down strategies and a passive transferring of knowledge to the target group (Hagquist and Starrin, 1997; Tones and Green, 2006). The development of an empowerment approach involved an emphasis on health promotion to distance itself from a medical model and to signify the recognition of

children as *social actors* who could be empowered to take control over their health development (Tones and Green, 2006). In this vein, both DISA and SET position students as social actors. The designers of the programme manual from which DISA originates explained how the intervention assumes an active participant, a participant who should remain in control of the intervention:

the patient is more a student than a traditional patient. This is important from the point of view of the “patient”, who remains more in control of the “therapy” than in other interventions, because he or she is the one who has to apply it to him- or herself. (Cuijpers et al., 2009, p. 450)

The SET programme takes the notion of students as social actors a bit further by encouraging students not only to apply the techniques practised in the intervention by themselves, but also to give their own examples of how to handle the fictive problems raised by the manual. To enable students’ agency, the manual instructs the teacher to remain *neutral* when students give examples of how to handle the problems discussed. As pointed out in Article IV, however, the assumed ‘neutrality’ proposed by the manual involved asking specific questions, which became a means for practising more implicit forms of authority in line with the programme’s focus on regulating students’ behaviours. There is a moral dimension involved in the types of questions applied in social and emotional training, which implies developing desirable emotions and behaviours – and this moral dimension needs to be taken into consideration when looking at what this training accomplished in practice rather than assuming that asking questions is equivalent to remaining neutral (Article IV; cf. Dahlstedt, Fejes and Schönning, 2011). In addition, when students were asked to give their own examples, their accounts were given in relation to *fictive examples*, which entailed stripping students’ suggested actions of their meaning and detaching students from the social and cultural context to which they belong (Article IV).

The important distinction I would like to point out is that there are different approaches an intervention could take to students’ *agency*. In socio-emotional programmes such as DISA and SET, the notion of young people as social actors is linked to discourses of *empowerment*. The problematic aspect of an approach that sets out to *empower* young people is that it departs from an overly simplistic notion of agency (Gallacher and Gallagher, 2008). When the notion of young people as social actors is linked to discourses of empowerment, agency becomes the goal of the intervention, e.g., to empower young people with agency to take control over their health development (see WHO, 2009, p. 1). Moreover, an assumption is made that young people will exercise their agency in line with programme intentions (see the DISA and SET manuals). As shown in the present dissertation, however, young people exercise their agency in various ways and not necessarily in line with how adults have planned for their agency to take form. The difference in the ways and the spirit in which agency could be applied in an intervention intended to promote young people’s well-being therefore lies in whether one uses agency as a *means* to see and adapt

to the many ways in which young people exercise their agency – or if one uses agency as an *objective* of the intervention.

DISA and SET are part of an empowerment approach in public health intended to ‘[enable] people to increase control over, and to improve, their health’ (WHO, 2009, p. 1). In this vein, it is suggested that the DISA and SET programmes equip young people with the skills necessary to be ‘*strengthened*’ and ‘*enabled*’ to take control over their health development in ‘a positive way’ (Kimber, 2015; Thomas, 2015). However, as demonstrated in the study, this “enabling” of young people involves them regulating themselves in line with the focus of the programme on pre-defined problem profiles, narrowed down to focus on changing their thoughts and emotional responses. In addition it involves the expectation that they will open up and talk about their thoughts, emotions and behaviours while discussing the fictive examples provided by the programme manuals. The programmes hereby apply agency as an objective of the intervention, rather than as a means to adapt to the individuals involved in the intervention.

The findings suggest that future school-based interventions would benefit from taking a process-oriented view of *agency* and using it as a means to shift the focus towards young people’s own definitions of needs and problems and to acknowledge that they may already possess strategies for feeling well, strategies that an intervention should pay attention to and build upon, rather than presuming that students are in need of predefined problem definitions and strategies and that they will exercise their agency in line with the programme’s intentions.

Beyond socio-emotional programme interventions

This section concludes with some recommendations for policy practice. The findings of the present study demonstrated that DISA and SET participants lost control over the definition of their own problems and needs and were instead forced to identify with predefined problem profiles. At the same time, they had to ignore their personally formulated problems. This paradox was the result of the intervention design applied in DISA and SET. A *pre-defined problem definition* in combination with a *universal preventive approach* is problematic, because it causes techniques designed for a specific problem to be generally practised regardless of previous experiences or needs. Furthermore, using a pre-defined problem definition narrowed down to focus on regulating thoughts, emotions and behaviours, in combination with *fictive examples*, means stripping behaviours, thoughts and emotions of meaning, and detaching them from the circumstances that provoked them in the social and cultural context to which the students belonged.

Moreover, approaching the school merely as a setting for implementing a programme focused on individual self-regulation fails to take into account the school’s specific organizational structure. Problems young people face in this context are not necessarily related to individual skill deficits, but belong to the

school's social and cultural contexts, where routines for inclusion, exclusion and norms for acceptance and rejections are at play.

Finally, approaching students foremost as recipients – *targets* – and assuming they will be 'enabled' by the intervention involves an overly simplistic notion of agency. It does not take into account that students are contextually bound social actors with situated needs and concerns – needs and concerns that do not necessarily respond to how young people's problems and needs are defined by expert discourses incorporated into the programme manuals. Moreover, it fails to acknowledge that the interventions, rather than enabling students' agency, provide *structures* – structures that produce specific notions of how young people's mental health is to be conceptualized and responded to. When policy initiatives to promote students' well-being at school draw on a one-sided focus on young people's reported problems identified by scales seeking to establish risk factors for psychiatric conditions, a notion of a crisis in young people's mental health is produced. Furthermore, students' self-reported problems are re-labelled as various psychiatric symptoms, and the notion of a *need* for prevention programmes for depression and aggressiveness, etc., is produced. Moreover, when policy initiatives are structured by programme manuals that engage students in identifying with and working to rid themselves of these psychiatric symptoms, paradoxes are produced. The programmes not only fail to respond to students' actual needs and concern, but they also risk producing the very problems they were intended to prevent. Hence, the present dissertation demonstrated several problematic aspects of the intervention design applied in DISA and SET.

The contradictions found in the intervention design of DISA and SET are traceable to a mixture of disciplines and ideological traditions that form the basis for these public health interventions. Furthermore, this intervention design is not an exception but, as previous research has indicated, on the contrary characterizes how young people's mental health is currently approached by socio-emotional programmes globally. There is thus a need to move beyond socio-emotional programmes and to take a more critical stance on how young people's well-being, needs and problems are defined and approached in public discourses.

The present dissertation demonstrates the need to shift focus from young people's *well-becoming* towards young people's *well-being*. In other words, we have to acknowledge young people's health reports in their own right rather than making use of scales that focus on establishing risk factors for psychiatric conditions. This involves taking young people's positive health reports as well as their self-reported problems into account without reshaping them to create indicators of potential public health problems that to be prevented in school-based interventions.

Furthermore, the dissertation argues for the need to separate (1) the general level, where health statistics serve as means to see trends in public health, from (2) the individual level, where the practice of health interventions has to take place.

I would also argue that starting with young people's experienced problems and needs 'here and now', instead of using manual-based prevention programmes, is a more fruitful point of departure for an intervention, regardless of whether one aims at promoting the well-being or the well-becoming of young people.

The present thesis highlights the problem of acknowledging agency only as a *goal* of an intervention, assuming that such goal-oriented agency will enable students to take control over their own health development. On the contrary, the study demonstrates the students' on-going agency as social actors albeit within, and constrained by their school context. Students will make use of the routines and circumstances brought about by an intervention in ways that make sense to *them*, in *their* context. An intervention intended to respond to the needs and problems of young people has to have tools that can respond to these needs, and support the strategies young people already apply to feel well. Such an approach, however, demands more flexibility and teachers who constantly adapt the interventions to the young people and the local context rather than relying on a programme manual. The dissertation hereby supports previous findings suggesting that health promotion activities in the schools need to move beyond manual-based instruction (Bartholdsson and Hultin, 2015; Bergh and Englund, 2014; Englund et al., 2009; Gunnarsson, 2015; Irisdotter Aldenmyr, 2014a; Wickström, 2013). As Irisdotter Aldenmyr (2014b, p. 14, my translation) argued, one problematic logic of a programme manual is 'the given fundamental condition that something is determined to be good and correct in advance'. Or as suggested by Gunnarsson (2015, p. 206), health promoting activities at school would benefit from 'producing knowledge in conversation with the world and meanwhile challenge the world and its established truths'. In addition to these arguments, the present dissertation suggests that acknowledgment of and adaptation of the intervention to young people's agency within the social and cultural context of the school could be a fruitful way forward.

Manual-based socio-emotional programmes, such as DISA and SET, have been implemented on a wide scale in schools in many parts of the world (Durlak et al., 2011; Merry et al., 2012; Watson et al., 2012). They are underpinned by evidence-focused public health research (e.g., Merry et al., 2012; Durlak et al., 2011; Garmy et al., 2014; Zins and Elias, 2006; Kimber, Sandell and Bremberg, 2008a, 2008b; Kimber and Sandell, 2009; Treutiger 2006; Treutiger and Lindberg, 2012,). These studies produce the notion that socio-emotional programmes are something essentially good and unproblematic. They position schools as *natural* and *obvious* settings for implementing these programmes. Moreover, they position young people foremost as *recipients* of the intervention, as the usefulness of the programme is assessed based on its potential to reduce indicators of mental ill health in the population and to enhance skills assumed to foster democratic and healthy citizens.

The present dissertation problematizes this research approach by showing what these interventions entail in practice, from students' perspectives, and how the programmes are used by the students experiencing them in school. It shows

how manual-based socio-emotional programmes contain paradoxes that have problematic consequences the students must handle – consequences that are traceable to how these programmes make use of the mixture of disciplines and ideological traditions found in public health politics and practice. It highlights that the *re-packing* of psychologically based programmes to signal health promotion – adopting non-clinical terminology and a universal approach – allows for reproducing the individualizing and pathologizing practices of *past* educational psychology in the schools (cf. Wright, 2015). The findings suggest that future research on school-based interventions intended to promote the well-being and the well-becoming of young people need to take a critical approach to the mixture of disciplines and ideological traditions that underpin the intervention.

Future research should not approach health promotion interventions at school as static products, but as interventions *in the making*. I would argue that the questions elaborated on in the present dissertation studies – What problems and needs do the students themselves define? How do the students make sense of and use of health initiatives in the social and cultural context of their school? What purposes do such activities come to serve in students’ peer cultures? What aspects of such activities become useful, what become problematic, in what way and by what means? – are questions that need to be addressed not only in the research, but also continuously in practice in order to use agency as a means rather than merely as a goal of health initiatives implemented in the schools.

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